Buckinghamshire Education
Committee

SEEN BY THE
MEDICAL OFFICER

Annual Report

of the

Principal School Medical Officer

for the

Year 1960

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19 JUN 196

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Mr. Chairman, Ladies and Gentlemen,

In presenting the annual report on the health of the schoolchild, I should like to draw your attention to the dual problem of increasing population in the County and the difficulties of recruiting certain groups of qualified staff. This has resulted in an increasing pressure and tempo of work which has been beyond the capacity of some branches of the service. The school dental service is an example of the limited cover provided in the County because of staff shortages, and is typical of the situation which most other authorities are facing at the present time. To offset this, considerable work has been done during the year to develop a scheme of education in dental health and hygiene which, it is hoped, will do much to lessen the amount of dental caries in the community and culminated in the first of what is intended to be a series of dental exhibitions.

The experiment in Slough, varying the scheme of medical inspection of schoolchildren, is another example of the attempts to place even greater emphasis on prevention whilst at the same time utilising medical and nursing skill to the best advantage.

Notwithstanding these difficulties, other branches of the service have been extended or adapted to meet the changing needs and the general picture is one of expansion and consolidation.

I should like to express my gratitude for the help given to me during the year by members and staff of the authority alike and to place on record my appreciation of the long and valued service given by Mr. E. Kew, Principal School Dental Officer, who retired during the year.

I am,

Your obedient servant,

G. W. H. TOWNSEND,
Principal School Medical Officer.

STAFF

COUNTY MEDICAL OFFICER AND PRINCIPAL SCHOOL MEDICAL OFFICER.

G. W. H. TOWNSEND, B.A., M.B., B.Ch., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER AND DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER.

G. W. KNIGHT, M.D., Ch.B., D.P.H.

SENIOR MEDICAL OFFICERS.

PATRICIA HERDMAN, M.B., B.S., D.P.H.
A. W. PRINGLE, B.A., M.B., B.Ch., B.A.O., D.P.H.
FANNY STANG, M.D., L.R.C.P., D.P.H.

DIVISIONAL SCHOOL MEDICAL OFFICERS.

Amersham/Chesham ...	A. J. MUIR, M.B., Ch.B., B.Hy., D.P.H.
Eton	G. M. HOBBIN, M.B., Ch.B., D.P.H.
High Wycombe	A. J. MUIR, M.B., Ch.B., B.Hy., D.P.H.
North Bucks	D. H. WALDRON, O.B.E., M.D., B.Ch., B.A.O., D.P.H., D.T.M., and H.
Slough	M. A. CHARRETT, M.R.C.S., L.R.C.P., D.P.H.

SCHOOL MEDICAL OFFICERS.

B. H. BURNE, M.R.C.S., L.R.C.P., D.P.H.
JOAN GRAY, M.B., Ch.B.
M. E. M. HERFORD, D.S.O., M.B.E., M.C., M.B., Ch.B., D.P.H. (Part-time).
HANNAH V. ILLING, M.B., Ch.B.
ETHEL G. JENNINGS, M.A., M.B., B.Ch., B.A.O.
R. A. MATTHEWS, M.B., B.S.
MARY I. McARTHUR, M.B., Ch.B., D.P.H.
E. PAMELA MOFFITT, L.M.C.C., D.P.H.
FLORENCE L. O'ROURKE, M.B., B.Ch., B.A.O., D.P.H.
T. E. ROBERTS, M.B., B.S., D.Obst.R.C.O.G., D.P.H.
F. SEYMOUR, M.B., Ch.B., D.P.H. (also Deputy Divisional School Medical Officer).
J. T. C. SIMS-ROBERTS, M.B., Ch.B., D.P.H. (Barrister-at-Law).
J. G. VACCARO, M.B., B.S.
MARY R. VENNING, B.M., B.Ch., C.P.H. (Part-time).

OPHTHALMIC SURGEONS.

T. S. S. GREGORY, M.B., B.Ch., F.R.C.S., D.O.M.S.
R. C. JACK, M.B., B.Chir., F.R.C.S., M.R.C.S., L.R.C.P., D.O.M.S.
J. MOSS, M.B., Ch.B., D.O.
V. P. PURVIS, M.B., B.S., D.O., D.O.M.S., R.C.P.S.
C. B. V. TAIT, M.B., B.S., M.R.C.S., L.R.C.P., D.O.M.S., R.C.P.S.

(Part-time services made available to the Education Committee by arrangement with the North West Metropolitan and Oxford Regional Hospital Boards).

STAFF (*continued*)

CHILD GUIDANCE.

E. M. BOOTH, M.B., Ch.B., D.P.M.
M. I. POTT, M.B., Ch.B., M.R.C.S., L.R.C.P., D.C.H., D.P.M.

(Part-time services made available to the Education Committee by arrangement with the North West Metropolitan and Oxford Regional Hospital Boards).

Educational Psychologists—Miss J. M. FREEMAN
Mrs. M. G. THORSTAD.

Psychiatric Social Workers—Miss M. ROSSALL.
Miss I. B. TAMBLYN.
Mrs. D. M. TARBOLTON (part-time).

Psychotherapist—Mrs. I. W. WELLIN

PRINCIPAL SCHOOL DENTAL OFFICER.

C. H. GRIFFITHS, L.D.S., R.C.S.

ORTHODONTIST.

A. M. BLANDFORD, L.D.S., D.Orth.

SCHOOL DENTAL OFFICERS.

E. BLUMENAU, M.D. (Part-time).
K. DANNEN, D.M.D.
R. J. E. DERWENT, L.D.S., R.C.S.
E. DEUTSCH, M.D.
K. R. DIXON, L.D.S., R.C.S.
J. D. HOWELLS, L.D.S., R.C.S. (Part-time).
L. F. LOEWE, M.D.
B. A. MAUDSLEY, B.D.S., (Part-time).
J. W. PAUL, L.D.S., R.C.S. (Part-time).
M. A. RICHARDSON, L.D.S., R.C.S., (Part-time).
J. SMITH, L.D.S., R.F.P.S.
T. B. TOMLINSON, L.D.S., R.C.S.

DENTAL ATTENDANTS—13 (including 3 part-time).

SPEECH THERAPISTS.

Miss A. L. GLOVER, L.C.S.T.
Mrs. C. N. McCONNEL, L.C.S.T.
Mrs. J. PAGE, L.C.S.T.
Miss G. M. RUSSELL, L.C.S.T.
Miss A. R. SELF, L.C.S.T.

NURSING STAFF.

Miss D. K. NEWINGTON, Superintendent Health Visitor.
(50 health visitors engaged part-time on School Health Service.)
Miss D. T. N. COLE, Supervisor of Midwives and Home Nurses.
(15 district nurses engaged part-time on School Health Service).

NUMBER OF CHILDREN ON THE ROLL

County nursery schools	426
County primary schools (including nursery classes)	43,833
Secondary modern schools	17,676
County technical and grammar schools	10,673
Special schools	409
Total	73,017

The percentage increase in school population over the previous year's figure of 69,901 is 4% but a much clearer picture of the marked and continued increase in the school population of the county can be seen when note is taken of the school population in 1948 when the changeover to divisional administration of the school health service took place. At that time the school population was 43,857 and the percentage increase in school population since that year is no less than 66%. It is evident that the school health service has not only had to adapt itself over the years to changing trends and circumstances, but in addition has had to keep pace with the ever increasing demands made on the service due to the growth of the population.

MEDICAL INSPECTIONS

Th system of routine medical examinations of pupils at entry to school, at 10-11 years and prior to leaving school continued unchanged although for the past three years an experiment has been carried out in the Slough area whereby the intermediate medical examination was discontinued and selective examinations substituted in lieu.

Several authorities are carrying out similar experiments or schemes which replace routine examinations, but so far no attempt has been made to extend the Slough scheme to the rest of the county. Although it would appear that the termly visit to schools by a school medical officer is welcomed by teachers, there was opposition to the dropping of the routine examination when the scheme was first introduced. In an attempt to measure the value of the system of selective examinations as opposed to that of routine inspections, the children in the experiment who missed the routine intermediate examination during 1957 were examined two years later in 1959. A detailed analysis of the medical records has been undertaken to determine what defects, if any, were undiscovered during this period and the results are given later in this report.

An impression has been gained, however, that few defects are missed when selective examinations are the rule but that the success of the scheme is dependant on the co-operation of the teachers on whom the main onus of selection depends.

So far as routine medical examinations are concerned, during the year 19,516 children were examined which represented 26% of the total school population, and the general physical condition of all but 194 (1%) was regarded as satisfactory. This compares with the figure of 0.86% in the previous year. The actual number of routine examinations undertaken during the year (19,516) is less than in the previous year (19,902) and is due in the main to the diversion of medical officers to deal with the outbreak of diphtheria in the High Wycombe area.

The following table shows the number of children examined during the past nine years and the proportion found to have defects requiring treatment:—

Year	*Total School Population*	*Total No. of children examined*	*% of children with defects requiring treatment*
1952	50,188	14,569	15.6
1953	52,288	15,963	10.6
1954	54,647	15,503	11.3
1955	57,658	14,566	7.1
1956	60,628	16,203	9.8
1957	63,779	17,951	8.8
1958	67,033	17,531	10.0
1959	69,901	19,902	9.3
1960	73,017	19,516	10.8

When an analysis is made of the age ranges of children examined at routine inspections and found to have defects requiring treatment, it is shown that 11% of children born in 1954 (i.e. six-year age range) suffer from defects requiring treatment; 10% of children born 1949-1950 (i.e. 10-11 years) suffer from defects requiring treatment compared with 8% of children born in 1945 or earlier. The following table, which gives the age range of children examined at routine medical inspections also shows that the proportion of children examined and found to have defects requiring treatment is greater at ages other than 5-6 years, 10-11 years and 15 years. It may well be that children reported to have been examined at routine inspections other than in the three statutory age groups are children who either were absent from school, possibly due to illness, when the original examinations were being undertaken, or are children newly arrived in the area.

Of 928 children born in 1953-51 and 1948-46 (i.e. those other than 5-6 years of age, 10-11 years of age and school leavers), 301 (32%) were found to have defects requiring treatment, compared with about 10% in the other age groups.

This would appear to justify a closer medical supervision of children outside the statutory age groups and adds weight to the suggestion that some experimentation is required in schemes which may replace routine inspections.

Age range of children found at routine examination to have defects (including vision defects) requiring treatment.

Date of birth.	No. examined.	No. with defects.	% with defects.
1956 or later	332	14	4%
1955	3,501	314	9%
1954	3,608	420	11%
1953	410	102	25%
1952	126	50	40%
1951	70	28	40%
1950	3,928	424	10%
1949	2,059	208	10%
1948	164	49	30%
1947	75	55	73%
1946	83	17	20%
1945 or earlier	5,160	442	8%
Total ...	19,516	2,123	10.8%

In addition to routine medical examinations undertaken during the year, 5,374 other inspections were carried out, either as special examinations at the request of parent, teacher or health visitor, totalling 1,333 or as re-inspections totalling 4,041. This compares with 1,808 special inspections and 2,833 re-inspections in the previous year.

Defects discovered at medical inspections.

Tables 5 and 6 at the end of this report list the various defects discovered at medical inspections during the year.

Skin defects.

The incidence of skin defects discovered at routine inspection has been low in Buckinghamshire for very many years, and it is not easy to understand why. It may well be that there is less skin disease amongst children in this county compared with other areas, but the probable reason is likely to be that children suffering from minor skin lesions are already receiving treatment for the condition from the general practitioner and never recorded as suffering from disease and in need of treatment, and therefore strict comparison of statistics between areas is not possible.

As it happens, during the year there has been an increase in the number of children examined at routine inspection and referred for treatment because of skin disease (83 compared with 39 in the previous year), but the incidence is comparatively low (0.4%) when compared say with the neighbouring city of Oxford (2%).

Vision defects.

Defects of vision constitute the majority of defects discovered at routine medical inspections. During the year 758 children were referred for treatment of a vision defect excluding squint, following routine inspection, and 281 were kept under observation. A further 78 children were referred for treatment following a special medical examination and 27 for observation only.

The incidence of vision defects requiring treatment varies from 1% at 5-6 years to 5% at 10-11 years, and at school leaving age. The overall incidence of vision defect, excluding squint, is 3.9% which is roughly one out of every 25 children examined.

It is interesting to note that of school entrants found to have vision defects requiring either treatment or observation, 48% of them were referred for treatment and 52% kept under observation. In the 10-11 year range 91% of children with vision defects were referred for treatment and 9% kept under observation, and in the school leaver age groups 73% were referred for treatment and 27% kept under observation.

It would appear from these figures that there is some uncertainty about referring young children in the 5-6 year age range for treatment, a greater proportion with possible vision defects being kept under observation than in the other age ranges. As previous studies in the county have shown that approximately 3½% of children on entry to school have vision defects requiring treatment (compared with 1% during 1960), it may well be that an unduly cautious approach is being made towards the problem of vision defects in the very young. In practice, however, these children would be re-examined at special examinations at a later date and it is unlikely that any child with a serious vision defect would be left for any period without proper treatment being arranged. Very many children under observation for vision defects ultimately require no further treatment.

Squint.

During the year, 83 children examined at routine inspections were referred for treatment and 54 were kept under observation. As might be expected, the bulk of children (77% of the total) were discovered at entry to school, the incidence of cases requiring treatment being 0.4%. The incidence of squint requiring either treatment or observation has changed very little over the years, being 0.7% in 1960 compared with 0.8% in both the previous year and in 1938

Ear defects.

Chronic otitis media, an infection of the middle ear, is no longer as prevalent as it used to be, and as acute infections are usually promptly treated with modern drug therapy by general practitioners, fewer cases are discovered at routine inspections compared with previous years.

There are, however, a number of cases of middle ear disease which escape prompt detection and treatment and the chronic type of case is one which may result in a permanent impairment of hearing. This is not to say that all cases of impaired hearing in children are necessarily due to chronic diseases of the ear for many children with a hearing defect recover after removal of enlarged tonsils and adenoids.

Congenital deafness requires early ascertainment and treatment if the child's development is to proceed on normal lines, and in order to improve the service given to mothers at child welfare centres and in the home, training in the early diagnosis of deafness in infants has been organised for health visitors in the county. In addition to the work done in child welfare centres, health visitors, who are trained in the use of an audiometer, undertake the initial examination of schoolchildren suspected of having a defect of hearing by teacher or parent. The results of audiometric tests carried out by health visitors are referred to the divisional school medical officer who decides whether a further examination is required by the school medical officer. After this examination the decision is made whether or not to refer the child to the consultant otologist or ear, nose and throat surgeon for treatment.

During the year, 493 children were referred from schools for audiometric tests by health visitors, of whom 146 children failed to respond to the tests satisfactorily and were referred to school medical officers for a more detailed examination. In 46 cases further examination showed some disability requiring either reference to an ear, nose and throat specialist or some other special measure. The following table gives details of the work carried out during the year in each of the school divisions:—

Division.	No. of children referred to health visitors for testing.	No. referred to school medical officer's special clinic.	Referred for further action *i.e.* specialist, etc.
Amersham/Chesham ...	66	52	2
Aylesbury	67	30	20
Eton	138	13	5
High Wycombe	142	35	7
North Bucks (including Buckingham)	58	14	4
Slough	22	2	8
Total	493	146	46

Details of the cases referred for further examination after audiometry are given in the following table:—

No serious loss of hearing discovered	3
No further treatment necessary but child to sit in front of class	11
For further examination ? sub-normal pupils	2
Ears syringed; hearing improved	2
Tonsils and adenoids removed	2
Awaiting tonsillectomy	3
Awaiting other operation	2
Eustachian catheterisation	2
Hearing aid supplied	2
Attending general practitioners for treatment	4
Still attending ear, nose and throat department	2
No report yet received	10
Failed appointment	1
Total	46

In addition to the figures quoted above, 21 boys attending Wendover House Special School and 27 girls attending Knotty Green Special School were given audiometric tests, and one child from each school was referred to the ear, nose and throat specialist.

Hearing aids.

At the end of the year 83 children were known to have been supplied with hearing aids, of which 61 were provided through the national health service.

Requests for proprietary aids have been made by consultant otologists where the degree and type of deafness is considered to require more than the national health service aid can provide. Since 1952 the authority has purchased 27 proprietary aids, 19 for children attending special schools and the remainder for children of pre-school age or for those attending ordinary schools.

Unit for partially deaf children, High Wycombe.

This small unit is attached to Terriers County Primary School, High Wycombe and caters for partially deaf children from pre-school to primary school age. Mr. G. Livingstone, consultant ear, nose and throat surgeon, assesses each case prior to admission and co-operates closely in the follow-up of cases admitted there. At the moment of writing this report there are eight children in the unit. Two children have been discharged during the year, one returning to full-time in a day school for educationally sub-normal children and the other being absorbed into the primary school. Of the eight children in the unit, two of nursery school age spend the morning there and return to the nursery school for dinner, rest and play. Two infants remain in the unit all day but mix with hearing children in the school at playtime and dinner-time. The older children are gradually being included in the ordinary classes of the junior school and this gradual integration is proving successful, largely because of the sympathetic attitude of the headmaster and teaching staff. All the children in the unit have grown in confidence and their increasing ability to speak and listen is reflected in the progress they have been able to make in formal studies.

A further unit is planned in the Slough area during 1961.

Tonsils and adenoids.

According to a recent national survey, the proportion of school-children who have undergone tonsillectomy is higher in Buckinghamshire than in any other county in England, with the exception of Huntingdonshire.

This survey showed that 9.9% of children aged 5—6 years; 29% of children aged 10—12 years and 34.8% of children aged 14 years had undergone this operation.

During the year, 274 children were referred for treatment because of some nose or throat defect following routine medical examination and 436 children were kept under observation. As the treatment incidence is 1.4% and the proportion of children referred for treatment or kept under observation is no more than 3.6% of the total number of children examined, this would suggest that present-day school medical officers are not referring excessive numbers of children for tonsillectomy.

At one period it was thought that all enlarged tonsils should be removed, and there is little doubt that tonsillectomy became fashionable. Although this attitude has altered in recent years and conservation is the rule rather than the exception, the tonsillectomy rate varies from area to area. It is interesting to note that in 1920 a local survey was undertaken in Buckinghamshire to determine the incidence of enlarged tonsils and the results are given in the following table:—

	5—6 years.	8—9 years.	12 years.
Normal tonsils	88.5%	86.5%	89.7%
Tonsils moderately enlarged ...	5.0%	2.8%	1.0%
Tonsils markedly enlarged	6.5%	10.7%	9.3%

In 1929, nine years later, school medical officers were referring 14% of all children seen at routine medical examinations for treatment for according to the Principal School Medical Officer's report for that year, out of 8,604 children examined at routine medical inspections, no less than 1,129 (14%) were referred for treatment. During 1960 the figure was 1.4%. The wheel may have not turned the full circle in Buckinghamshire if the figures quoted in the national survey are accepted, but obviously the attitude of school medical officers has changed since 1929.

Speech defects.

Not unexpectedly, the number of children found at routine medical inspections to require speech therapy has increased since last year (157 in 1960 compared with 124 in the previous year), the increase in school population during the year accounting for this. A further 75 children were referred for treatment following a special examination undertaken at the request of parents, teachers or health visitor.

The overwhelming majority of children referred for treatment because of speech defects are school entrants and no doubt many of these children would develop normal speech during the course of natural development. It is only the minority of children who suffer serious speech disorders. Nevertheless a defect of speech is a handicap to a child and prevents him from communicating adequately to others his thoughts and ideas. Approximately 0.8% of children examined at routine inspections during the year were referred for treatment compared with 0.6% in the previous year. 96 out of the 157 referred to speech therapists were school entrants representing 61% of the total.

The number of speech therapists employed by the authority was increased during the year from four to five, but it would appear from the reports of the therapists given below that the demand for therapy is still greater than can be met in some areas.

South Bucks Area:

Miss A. R. Self writes:—

"This area is now served by two speech therapists who divide their clinics equally between Eton and Slough divisions. The waiting list has been reduced considerably since the appointment of the second speech therapist.

At present, working facilities are not always ideal in all clinics, but the provision for equipment has improved.

It is interesting to notice that a large proportion of the children seen in the Slough area are stammerers in contrast to the type of case seen in the more rural areas. The reason for this might be found in the general tension and hurly-burly of an industrial area and the fact that more mothers go out to work.

In some cases child guidance, the school doctor and the speech therapist have been able to co-operate with good result. It is felt that even more liaison is desirable between the various departments concerned with the child's welfare, and perhaps this will be fulfilled in 1961".

Miss A. L. Glover writes as follows:—

"In the South Bucks area there are two speech therapists working from a base in Slough. The area is mostly industrial and clinics are held in both schools and health centres. Conditions are varied in both and one must wonder which is the best for the benefit of the child. On the whole, I prefer the clinic in school.

True, in this area we work mostly in modern schools where there are medical rooms set aside for our use and we do not have to use cloakrooms, etc., but there are other advantages. One can depend on the regular attendances of the children and therefore quicker results in therapy—the children can be collected straight from the classroom, they do not miss so much school and one does not have to rely on the parents remembering to bring or send them. But what of the holidays? The children have breaks from three to eight weeks and clinics in the schools are cancelled, whereas clinics in the health centres continue, but here the attendances are poor, about two to three out of six being the average, so that time is wasted. In place of the clinics in the schools one can arrange home visits so that no time is wasted.

In the school clinics one has contact with the teachers who can invariably put some light on to problems concerning a child which would never be exposed on casual meetings.

The school is a child's large environment and can probably do the most to help a child to overcome his speech difficulties; unfortunately some are not as helpful as others, but on the whole they are only too willing to co-operate with us and help a child with special practice, which he may never get at home with the television as competition.

The greatest disadvantage of the school clinic is the almost inevitable interruptions and noise, but here again the majority of schools are only too anxious to cut this to a minimum on the days that one is there.

In this area the advantages of a clinic in a school must surely be recognised."

Number on waiting list at 1.1.60	160
Number on waiting list at 31.12.60	90
Case load at present	204
Number of discharges during year	60
Number of children treated during year	151

High Wycombe/Amersham Area:

Mrs. J. Page gives her report below:—

"There were 168 cases on the register at 31st December, 1960. 61 new patients were admitted during the year but the number of children on the waiting list has increased to 65.

Owing to the heavy case load, the period of time between referral and admission is now eight months in nearly all the clinics. This is most unsatisfactory as the delay in treatment can be harmful to the child and often other emotional problems become evident.

Miss Mathias left the district in April and I took up duty in her place in June. During the month of July a complete survey of all the schools in both High Wycombe and Amersham areas was carried out. This enabled me to see all the children with speech defects who were on the register, and also awaiting admission to a speech clinic, and to give advice where necessary and to form a contact with the schools for the maintenance of their close co-operation.

Unfortunately, the speech therapy service in these two areas is inadequate in proportion to the large population of school-children. The number of children referred continues to increase and many outlying areas are without clinic facilities. Often children have not been able to attend the clinics because of the large distances they are required to travel. Amersham, Great Missenden and Beaconsfield are among those places which would benefit from the establishment of new clinics. My time is completely occupied with maintaining existing clinics. The only way by which the service could be improved is by the appointment of an additional therapist; at present there is too long an interval between ascertainment and treatment."

Aylesbury Area:

Miss G. M. Russell writes:—

"In the year 1960, 107 children have been seen for speech therapy in the Aylesbury Division.

Clinics are held twice weekly in Aylesbury and once weekly at Wendover and at Waddesdon, the latter having been recently opened.

The rest of the week is spent visiting the following schools:—

Ickford, Long Crendon, Wing, Linslade, Edlesborough, Cheddington, Ivinghoe and Wendover House Special School.

Conditions for treatment at some of the schools are far from satisfactory so that the children do not benefit as much as they might from speech therapy. The new clinic at Waddesdon has helped the position there but my time at the other villages is not long enough to warrant hiring of more suitable premises."

North Bucks Area:

Mrs. C. N. McConnell writes:—

> "The year has been one of straightforward progress. The number of cases currently under treatment has now dropped to a very satisfactory level ensuring for each one an adequate period of regular treatment.
>
> It is interesting to note that all children now receiving treatment or who are under observation are under eleven years of age.
>
> Speech therapy in the area is in schools where required, and this continues to be a satisfactory arrangement. During the year facilities offered to the speech therapist for treatment have improved in several cases due to the progress being made in the building and enlargement of schools in the area."

Heart Defects.

The incidence of heart disease in children has gradually fallen due, in the main, to the decreasing incidence of acute rheumatic conditions leaving congenital heart defects as the hardcore of the problem.

During the year, 30 children were referred from routine medical examinations for further advice or treatment because of a heart defect discovered at the examination. This gives a case incidence of 1.5 cases per 1,000 examined and compares with a survey undertaken in Liverpool recently which showed a case incidence of 1.3 per 1,000 children examined in the eight-year age range with congenital defects and 0.42 per 1,000 with rheumatic heart disease. Not all children referred for treatment will necessarily be found to suffer from organic disease, a proportion of heart murmurs being of functional origin.

Lung Defects.

The number of children found at routine inspections to require treatment for chest disease has varied little over recent years (0.3% of children examined as a routine compared with 0.2% in 1955).

Many disabling chest diseases such as tuberculosis and bronchiectasis are declining in incidence and the non-infectious type of chest disease such as asthma constitutes the largest group of chest diseases discovered nowadays.

The decline in tuberculosis in the community, which has been most marked in the under fifteen years age range, has resulted in fewer opportunities for young people to develop their own natural resistance to the disease and B.C.G. vaccination has been adopted as a means of raising the level of immunity to tuberculosis. In common with all other authorities, a scheme for vaccination of all 13-year old children is in operation in the county as a preparation for entering industry or other work in the community.

The following table shows the number of children tuberculin tested and vaccinated during the year in each of the school divisions. Children who develop a positive reaction to the tuberculin test do not require vaccination as the reaction denotes a sensitivity to the organism which is accepted as a measure of resistance to the disease.

School Division.	No. of children tested.	No. found to be positive reactors.	No. found to be negative reactors and vaccinated.
Amersham/Chesham ...	631	82	549
Aylesbury	971	91	880
Eton	560	58	502
High Wycombe	1,620	137	1,483
Slough	1,914	110	1,804
North Bucks	1,111	197	914
Total	6,807	675	6,132

The declining incidence in positive reactors is shown in the following table:—

Percentage tuberculin positive reactors among 13 year age group.

1955	1956	1957	1958	1959	1960
24	20	15	15	13	9

So far as notified cases of tuberculosis are concerned, the following figures show the number of children examined at chest clinics for the first time and found to be suffering from tuberculosis during the year in the Oxford Regional Hospital Board's area of the county:—

Children examined as contacts	187
Children examined for other reasons	613
Diagnosed as suffering from:—	
(a) respiratory tuberculosis	8
(b) non-respiratory tuberculosis	4

Similarly the figures relating to the North West Metropolitan Regional Hospital Board's area for the county are given below:—

Children attending as contacts	219
Children attending for other reasons	207
Diagnosed as suffering from—	
(a) respiratory tuberculosis	5
(b) non-respiratory tuberculosis	3

The following table shows the age range of children resident within the county and notified to be suffering from tuberculosis during 1960, the discrepancy between the figures given above and those of the table being due to the fact that not all children attending chest clinics in the county are necessarily resident in the county.

Age	*Respiratory*		*Non-respiratory*		*Total*
	Male	*Female*	*Male*	*Female*	
5	1	—	—	—	1
6	1	2	—	—	3
7	1	—	—	—	1
8	—	—	—	—	—
9	1	—	—	—	1
10	—	—	—	—	—
11	—	—	—	2	2
12	1	2	—	—	3
13	1	1	—	2	4
14	—	1	1	1	3
15	—	1	—	—	1
Total	6	7	1	5	19

Orthopaedic Defects.

The term 'orthopaedic defects' covers a wide range of disability but the overwhelming majority of defects discovered at routine inspections are relatively minor in degree, such as faulty posture or flat feet. The more severe forms of disability are few due partly to the decline in frequency of diseases likely to result in physical deformities. The case incidence of orthopaedic defects discovered at routine inspection and requiring treatment during 1920 was 2.8%, whereas during 1960 the case incidence fell to 1.8%.

Of the 368 children referred from routine inspection for treatment during the year, 188 or 51% were found to be suffering from foot defects and 66 or 18% to be suffering from defects of posture. Although these defects cannot be regarded as severe or crippling deformities, every effort should be made during childhood to correct faulty posture or foot deformities in order to prevent permanent disabilities arising in later life.

Depending on the degree of disability, children may be referred to orthopaedic clinics administered by regional hospital boards for any necessary treatment; to special remedial classes, or may be given special physical exercises by the physical training instructors at school.

Special educational treatment in schools for the physically handicapped may be required for a small proportion of cases. Approval has been given to a small unit for children suffering from cerebral palsy in Slough and a start has been made on the building. This unit will cater for approximately 16—20 young spastics, and it is anticipated that the unit will be ready for occupation in the late summer of 1961.

In order to assist physically handicapped children attending ordinary schools, the Education Committee agreed to appoint a number of welfare assistants in a primary school in the south of the county, the duties of the welfare assistants being to help in the care and management of the children whilst at school. The school caters for an area with an unduly high proportion of physically handicapped children, and the scheme has proved of great value, enabling a number of physically handicapped children to remain at home yet continue with full-time education.

Another innovation has been the development of a special class for physically handicapped children of primary school age in the Amersham area. This class is a stepping stone from home tuition to attendance at a residential special school for physically handicapped children or attendance at an ordinary school at a later date.

Remedial exercise classes continue to be held in High Wycombe and Slough divisions.

Miss Mary W. Horsley, the therapist in attendance at the Beaconsfield and Holtspur remedial classes, reports as follows:—

	Beaconsfield	**Holtspur**
"Number on roll January 1st, 1960 ...	6	11
Number admitted during 1960	12	4
Number discharged during 1960	4	8
On roll December 31st, 1960	14	7
Exercises are given for the following conditions:—		
Posture Training	3	5
Breathing	2	1
Asthma	2	—
Knock Knees	1	—
Flat feet	7	2

The number of children attending the classes at the Beaconsfield School has improved, but not so at the Holtspur School. I am still of the opinion that more use of the remedial classes could be made at both schools.

I am, however, very pleased that 6 of the really small children at the Beaconsfield School were sent to the classes during the year, and I am hoping to have many more of all ages at both schools after the next inspection."

Miss Carscadden, the remedial gymnast in the Slough division, has given the following report:—

"1.	Total number of schools visited	30
2.	Total number of children treated	299
3.	Summary of cases treated:—	
	(a) spinal and general posture defects— viz. round shoulders lordosis kyphosis scoliosis	87
	(b) foot and leg defects— viz. pes planus valgus ankles hallux valgus knock knees congenital foot defects	144
	(c) asthma	44
	(d) other respiratory conditions— bronchitis bronchiectasis	15
	(e) neurological— viz. old poliomyelitis spastics	9
4.	Total number of new cases for treatment	160
5.	Total number of discharges including school leavers	97

During the year, there has been a further increase in the number of children with asthma who have been referred for treatment. These children prove to be most rewarding to treat, and have a great need for treatment.

Work in the infant schools shows a slight increase, and now my time is spent more evenly between secondary, junior and infant schools, although the highest proportion of cases come in the junior school from the intermediate school medical inspection.

The posture recorder has been hired twice during the year and the majority of relevant cases had tracings done each time. It continues to create interest and to provide a most valuable visual aid.

It was possible for every child to receive treatment in its own school, although occasionally the method of grouping children could not be arranged ideally owing to shortage of time."

Epilepsy.

It is by no means certain what proportion of the population suffer from true epilepsy for minor forms of the disability may never be classified as such.

With improved drug therapy, the majority of epileptic children, however, can continue successfully in ordinary schools, and only the few suffering from severe fits or associated mental retardation require special educational measures to deal with them.

During the year, nine children were found at routine inspections to require further advice or treatment for epilepsy, five of whom were school entrants. 25 children were kept under observation for the same reason, giving a case incidence of treatment and observation cases of 0.17%. This compares with the national average of 0.24% but, according to some investigators, the real incidence is likely to be much higher than 0.24%.

Langley Experiment.

In order to avoid any danger of observer variation, Dr. Joan Gray, school medical officer in the Slough division, undertook the medical supervision of children in this experiment and also prepared the statistical analysis of the results. The following extract is from her report:—

> "The proposal to eliminate the intermediate medical examination in junior departments of primary schools, despite Ministry approval, did not meet with immediate local approval, particularly with the Teachers' Association. However, on the assurance that the experiment would be confined to selected schools only and that the children who did not receive the normal intermediate inspection would all be examined two years later, a step not, apparently, undertaken by other authorities, objections were withdrawn and plans were made to carry out the experiment in the schools of the Langley area of Slough.
>
> This particular area was chosen because of the distribution of all categories of schools in it and the fact that the population, that of an L.C.C. re-housing scheme, was more likely to be static and that the children would in all probability progress up through the infant and junior departments of the primary schools to the secondary or grammar schools on the estate without moving out of the district and could, therefore, be more easily followed up.
>
> The schools included in the scheme were:—
>
> | *School.* | *No. on roll in March,* 1957. |
> |---|---|
> | Ryvers County Junior School | 460 |
> | Marish County Junior School | 552 |
> | Langley County Secondary School | 478 |
> | Langley Grammar School | 190 |
>
> The intermediate routine examination being eliminated, a termly visit was made by the school doctor to each of these schools to examine selectively any child, if such an examination was requested by the health visitor (who also acted, in that area, as school nurse), head teacher, class teacher, parent or other person having a legitimate interest in the child. In addition, these schools and the infant departments were visited by the same school doctor to carry out all necessary examinations on school entrants or leavers, any re-examinations on pupils with a previously noted defect and to perform any immunisation procedures which might be necessary.
>
> The system of annual weighing and measuring by the health visitor was retained, and any postural defects noted by her could be referred to the doctor on her next visit.
>
> Routine vision testing was also carried out on entrants at five years by the 'hand' method or a finger drawing of the Snellen type letters if the child did not know its letters, at seven years and again at ten-plus and fifteen years, but at any time intervening a pupil could be referred to the visiting doctor if a defect of vision was suspected by teacher, parent or nurse.
>
> It was considered that the elimination of approximately one-third of routine procedure, in spite of requests for special examination and additional visits to schools, would lead to a reduction of volume of work and it was found early in the experiment that the more frequent visits to the schools of shorter duration interfered less with the school curriculum and were much appreciated by the teaching staff, with a gradually increasing co-operation by them in the new system.
>
> Time was also available for more discussion between doctors and teachers of those children with no obvious physical defect but who were backward in school, through reason of frequent

absence, known dullness or for no demonstrable reason. Examination of such children, preferably with the parent present, to whom an explanation of the reason for the examination was made, proved invaluable. Obvious causes for backwardness were occasionally revealed, for example deafness or poor eyesight, and valuable information about the child's home life was obtained from the parent and liaison was often set up between health visitor, welfare officer and the family, where the child's problem merited it.

In certain cases, despite favourable group testing of intelligence levels carried out at 6—7 years, independent assessment of attainment proved necessary and the decision that special educational facilities were required for a particular child were best determined at this stage (8—10 years) than at any other. The advice of the educational psychologist was freely available on cases with educational difficulties.

The efficiency of the scheme largely evolved round the ability of the headmaster and staff to pick out children who needed special examination. Despite briefing and assistance from doctor and nurse on the type of defect to be looked for, some were obviously more alert to cases requiring investigation than others.

For example, old cases of poliomyelitis or squint were occasionally presented, when the school doctor already had a file on the child forwarded from his previous school, whereas the much less obvious defects of slight deafness, scoliosis or general debility and anaemia due to under nourishment were much harder for the staff to pick out.

There was a tendency also, to have a 'run' of defects, poor vision, enuresis or 'bladder weakness', headaches, etc., but as the experiment progressed the head teachers, in particular, became remarkably adept at noticing early defects.

The parents also, when they became aware of the termly visit of the doctor to the school, requested appointments to discuss their children's problems and much valuable interchange took place. With the frequent visit to the school no child coming into the area with its re-housed family remained in school for much longer than three months without the opportunity of examination (in the case of yearly visits this would be nine months) and parents were often grateful for information regarding transference of treatment from London hospital out-patients to local hospitals and for the availability of opticians, speech therapists, dentists and remedial gymnasts (particularly for breathing exercises for asthmatics) within the school medical service.

In the junior schools during this two-year period, there were 670 children in the ten plus age group and of these, 297 (43.06%) were brought forward for examination, or just under half.

The doctor would inform the schools of her intention to visit for the purpose of medical examinations (and possibly immunisation) some weeks prior to the proposed date, and a list of those children selected by the teachers or for whom examination was requested by the parents was compiled in the administrative offices, together with the names of entrants and re-examinees (those children seen previously with a defect who had been recommended treatment or kept under observation). When the total number of children requiring examination was known a completed list was forwarded to the school and the days and times of the doctor's attendance stated (approximately twenty children were seen at a morning or afternoon session). In the intervening time the school nurse weighed, measured and vision tested all children in the appropriate age group and brought forward any others she thought required investigation.

The school then informed the parents, by form S.H.S.1. of the day and time of their child's examination, requesting their presence and the return of the form with some basic information regarding immunisation, infectious diseases, operations, etc.

On the appointed day, the doctor visited the school and, after a short conference with the head teacher on the children to be seen, examined them in accordance with the Ministry of Education statutory form 10M, preferably in the presence of a parent.

If, at the end of the medical examinations, the head teacher was not available a short report was left instancing all those children found with defects and the recommendations made for treatment or observation.

At the end of two years of this experimental procedure, 373 of the remaining 395 children were examined to ascertain if any defects had, in fact, been missed, only twenty-two children having left the district or moved to other schools.

Results.

At each visit to the schools in question all children referred for a particular defect, and entrants, were completely examined, weighed, measured and vision tested, and the results recorded on Ministry of Education individual record cards 10M. If a child was seen for a second or third time after being kept under observation by the school doctor, examination of the particular defect only was made unless, for some reason, a general examination appeared desirable.

One junior school (School A) with 460 children on the roll in March, 1957, brought forward in the two years only ninety children for examination, whereas the other (School B), with 552 children on the roll at the same period produced 207 children for investigation.

The gross routine group of children in the two schools who should have had a ten-plus intermediate examination between September, 1957, and July, 1959, was 692, therefore the 297 seen were 43% of the total number.

The follow up examination of the remainder (373) in the secondary schools in the autumn of 1959 constituted a further 53.9% of the total number as twenty-two (3.1%) had left the district or moved to schools in other areas.

In School A, of the ninety children seen, thirty-six (40%) of those examined were already receiving treatment or were referred for treatment and eighteen (20%) were kept under observation for a further 6—12 months. 60% therefore of all children referred to the school doctor by head or class teachers, health visitors, or parents required treatment or were kept under observation for a further period. Of these ninety children eight (8.8%) had two defects.

The accompanying table particularises the defects noted.

Table I.

School A.

	Total number for treatment or receiving treatment.	Total number for observation in 6-12 months.
4. Skin	1	
5. Eyes		
(a) Vision	13	
(b) Squint	1	
(c) Other		2
6. Ears		
(a) Hearing	1	
(b) Otitis media		
(c) Other	2	
7. Nose and throat	1	3
8. Speech	1	
9. Glands		
10. Heart	2	1
11. Lungs	3	1
12. Development		
(a) Hernia		
(b) Other		
13. Orthopaedic		
(a) Posture	9	
(b) Feet	1	
(c) Other		
14. C.N.S.		
(a) Epilepsy		
(b) Other		1
15. Psychological		
(a) Development	1	6
(b) Stability		1
16. Abdomen		1
17. General		2

At School B, of the 207 children examined 79 (38.1%) were receiving treatment or required treatment, and 29 (14%) were kept under observation for a further 6-12 months. Therefore, 52.1% of all children referred required treatment or observation, a slightly lower figure than in School A.

Of these 207 children, nine (4.3%) had two defects.

Table II particularises the defects noted in School B.

Table II.

School B.

	Total number for treatment or receiving treatment	Total number for observation in 6-12 months.
4. Skin	1	
5. Eyes		
(a) Vision	8	
(b) Squint	2	
(c) Other		
6. Ears		
(a) Hearing	2	
(b) Otitis media		
(c) Other		
7. Nose and throat	4	1
8. Speech	7	4
9. Glands		
10. Heart and circulation ...	3	1
11. Lungs	9	4
12. Development		
(a) Hernia		
(b) Other		
13. Orthopaedic		
(a) Posture	7	
(b) Feet	5	
(c) Other	5	1
14. C.N.S.		
(a) Epilepsy	1	
(b) Other	3	5
15. Psychological		
(a) Development	18	8
(b) Stability	3	1
16. Abdomen		
17. General		

In total, therefore, of the 297 children referred for examination, 115 (38.7%) required or were already receiving treatment and 47 (15.8%) were kept under observation for a further 6-12 months, and of this total just over half (54.5%) justified the specialised investigation which had been requested. Table III illustrates the total number of defects noted, treated or kept under observation.

Table III.

Children seen by request at two County Primary Schools
September, 1957—July, 1959.

	Received or referred for treatment.		For observation.	
	Total number of defects.	% of all defects requiring treatment.	Total number of defects.	% of all defects requiring observation.
Skin	2	1.7%		
Eyes				
(a) Vision	21	18.2%		
(b) Squint	3	2.6%		
(c) Other			2	4.2%
Ears				
(a) Hearing	3	2.6%		
(b) Otitis media				
(c) Other	2	1.7%		
Nose and throat	5	4.3%	4	8.5%
Speech	8	6.9%	4	8.5%
Heart and circulation	5	4.3%	2	4.2%
Lungs	12	10.4%	5	10.6%
Development				
(a) Hernia				
(b) Other				
Orthopaedic				
(a) Posture	16	13.9%	1	2.0%
(b) Feet	6	5.2%		
(c) Other	5	4.3%		
C.N.S.				
(a) Epilepsy	1	0.86%		
(b) Other	3	2.6%	6	12.7%
Psychological				
(a) Development	19	16.5%	14	21.2%
(b) Stability	3	2.6%	2	4.2%
Abdomen			1	2.1%
General	1	0.86%	6	12.7%
	115		47	

In the autumn of 1959 all those children who normally would have received an intermediate examination at ten-plus in the junior schools were followed up in the secondary and grammar schools and only twenty-two of the children (3.1%) were unaccounted for.

Of the 373 examined fifty-six (15.01%) were found to be having or requiring treatment and fifty-nine (15.8%) were kept under observation for a further period. Therefore, 30.91% of these children required some medical attention.

Table IV indicates the type of defects noted after a period of five years since these children had had their school entrants examination. They had had a vision test at eight years. Despite this test, twenty-six children (46.4%) of the follow-up group were found to require treatment for defective vision. Of these, twelve were already attending opticians or eye clinics and the remaining fourteen were referred to the ophthalmic clinic maintained by the school health authority at a central clinic.

Table IV.

	Received or referred for treatment.		For observation.	
	Total number of defects.	% of all defects requiring treatment.	Total number of defects.	% of all defects requiring observation.
Skin	3	5.4%	4	6.7%
Eyes				
(a) Vision	26	46.4%	1	1.7%
(b) Squint	4	7.1%		
(c) Other			1	1.7%
Ears				
(a) Hearing	2	3.5%		
(b) Otitis media			1	1.7%
(c) Other				
Nose and throat	7	12.5%	17	28.6%
Speech				
Heart and circulation	2	3.5%	8	13.5%
Lungs	5	8.9%	3	5.4%
Development				
(a) Hernia				
(b) Other	1	1.7%	3	5.4%
Orthopaedic				
(a) Posture	5	8.9%	6	10.1%
(b) Feet			2	3.4%
(c) Other			2	3.4%
C.N.S.				
(a) Epilepsy	1	1.7%		
(b) Other			3	5.4%
Psychological				
(a) Development			1	1.7%
(b) Stability			1	1.7%
Abdomen			2	3.4%
General			3	5.4%
Menstruation			1	1.7%
	56		59	

Of the rather high proportion of children of this follow-up group who appeared to require treatment or observation for ear, nose and throat conditions, three children were referred to the ear, nose and throat surgeon at the local hospital because of grossly enlarged tonsils, mouth-breathing, frequent pyrexial attacks and consequent absence from school, and a further seventeen were kept under observation for 6—12 months for similar but less severe symptoms. Having reached the age of eleven-plus years it appeared reasonable that these symptoms would abate in time without operative treatment.

By comparison, of the children whose examination was requested in the junior schools, all four referred to the ear, nose and throat surgeon were boys, three for nasal blockage caused by blows or accidents to the nose and one for persistent epistaxis, and one boy and one girl were referred for hearing loss following confirmatory audiometry carried out by the school nurse.

In all, 692 children, only one case of chronic otitis media with otorrhoea was found. The child was receiving treatment from his own doctor but was kept under observation for possible hearing loss development.

In the follow-up group of children, ten were recorded as having defects of heart or circulation. Of these, two were girls of twelve and thirteen respectively, suspected of being anaemic and complaining of lassitude, faintness, etc. On examination both were pallid and had slight tachycardia and were referred to their own doctors with explanatory letters. A further five children had slight irregularities of heart rhythm without symptoms and three more were anaemic (13.5%). As all these children were in early adolescence it was surmised that careful observation accompanied by advice on diet and sleep, etc., was all that was necessary at that stage.

The last group of children at the follow-up large enough to merit particular attention were five (8.9%) with poor posture referred for remedial exercises, and six (10.1%) kept under observation for the same defect but not considered severe enough to warrant treatment. Of the five children (8.9%) recorded as having defects of the lungs, one was asthmatic who was also referred for breathing exercises, the other four all being old cases of bronchitis or bronchiectasis and under the care of the chest clinic.

In the junior schools, the great number referred, after selected examination, were for defective vision (18.2%) poor posture (13.9%) (mild scoliosis, etc.), chest conditions (10.4%) (mainly asthmatics with poor school attendance records) and a large group (16.5%) recorded under psychological development. Of these nineteen children, eighteen were referred from school B as being backward in their school work and in some cases anti-social and unco-operative and, not infrequently, enuretic. Three others from the same school were brought forward for examination as being psychologically unstable and were referred to the child guidance clinic but of the others, after careful history taking, discussion with the class teacher, head teacher and parent, where possible, and in some instances with the health visitor and educational psychologist, considerable knowledge of the child's difficulties was obtained and help and advice given to parents and teachers.

In ten cases assessment of the child's intelligence was undertaken by the revised Stanford-Binet (Form L) method and the following results obtained and recommendations made:—

Sex	Name	Date of birth	Date examined	IQ	Recommendation
M	D.H.	20.1.48	6.5.58	75	Day school for E.S.N. pupils.
F	J.D.	19.3.47	29.7.59	59	Day school for E.S.N. pupils.
M	M.H.	20.3.50	15.12.59	82	To continue in D. stream in ordinary school.
M	A.H.	14.10.49	1.7.58	90	Remedial teaching in reading and writing.
F	S.N.	4.12.49	5.5.58	71	Day school for E.S.N. pupils.
F	V.J.	19.11.46	16.5.58	83	Special class in ordinary school.
M	M.H.	21.8.48	6.12.59	78	Special class in ordinary school and remedial teaching.
M	D.H.	22.6.49	15.1.58	94	Remedial teaching in reading.
F	J.P.	24.9.50	20.10.59	88	Special class in ordinary school.
F	S.R.	9.8.51	4.11.60	99	Special class in ordinary school.

One parent refused to allow her child to be tested but as she was considered by the teachers to be a border-line educationally sub-normal pupil and was about to transfer to a secondary school out of the area, it was decided not to force the issue but to advise the education officer into whose area the child was moving to keep her progress under observation.

In five other cases, slow progress in school was investigated by the educational psychologist without resource to full assessment and recommendations made for either special class placement or remedial treatment."

This is an extremely detailed report and the significance of these results is being studied.

Buckinghamshire Child Survey.

In September, 1960, an epidemiological enquiry was launched into the physical and mental health of the average schoolchild in Buckinghamshire. The investigation is financed by the Nuffield Provincial Hospitals Trust and is directed by Dr. Michael Shepherd and Dr. A. N. Oppenheim of the University of London. The field worker, Miss Sheila Mitchell, has been provided with office accommodation in Aylesbury and the first few months of the investigation have been devoted to a series of pilot studies among schoolchildren and their parents.

Medical Inspection of Juveniles in Industry.

Dr. M. E. M. Herford, who holds the dual appointment of school medical officer and approved factory doctor in Slough, in making the following contribution to the annual report draws attention to problems associated with adolescents in industry.

TABLE I.

Total examinations.

	1956	1957	1958	1959	1960
Boys	1,113	1,057	1,095	1,159	1,178
Girls	639	656	653	739	726
	1,752	1,713	1,748	1,898	1,904

"Figures for medical examinations of boys and girls are approximately the same as last year. It had been expected that the effects of the 'Bulge' would begin to be reflected in a rather higher number of examinations. The effect has probably been delayed by the larger number of children staying at school until 16, and the increase in the number of jobs available in the distribution trades. The number of young people changing jobs has also diminished.

Table II. DEFECTS.

Of Slough and District Juveniles seen:	1956	1957	1958	1959	1960
	%	%	%	%	%
Boys: Noticeable Defect ...	42	36	38	36	35
Girls: ,, ,, ...	55.2	46	59.5	59	53.5
2 or more defects: Boys ...	8	5	5	6	6
,, ,, ,, ,, : Girls ...	18	10	13.5	13	13
Boys: Major Defect	6	6	5.5	6	4
Girls ,, ,, ...	7.1	7	9.5	8.5	6
Further Action: Boys	5.5	4	4.5	2.5	2.6
,, ,, Girls	10.1	6.5	11	14	11

As will be seen from the above table, the incidence of defects is very similar to previous years and, as usual, the number of cases in which some action is required is markedly higher for girls than for boys. For both there has been a decrease in the number of major defects.

The number of children with dental caries is appreciably smaller and on the whole the teeth are in excellent condition and well cared for. Each year, dental care is discussed with all those who show neglect and, when seen a year later, in the majority of cases, a visit to the dentist is noted.

A common and increasing defect, as noted by others, is that of obesity, more frequently in girls than in boys. Mothers with mistaken kindness are apt to encourage overfeeding not only by their children but also husbands who eat excessively to flatter and please the cook.

The young people are nearly all taller and heavier than their corresponding parent and an increasing number of girls are, in addition, taller than their fathers.

Employment.

It is most encouraging to note that a number of firms have greatly improved and enlarged their apprentice training schemes. The interest shown by many of those in immediate contact with young people in the firms is also increasing. This is important because all too frequently the impression formed by a boy or girl about a firm is limited to casual contact with one or two fellow employees. A harrassed or inconsiderate chargehand can not only lose a useful recruit for a firm but add an extra chip to the shoulder of one who already feels an upsurge of adolescent rebellion. This rebellion is not only an expression of defiance but of resentment at the dull and often deadly monotony of repetitive work performed over long hours, which forms such a contrast to the variety and brevity offered at school. Often those most in need of help get least because through frequent changes of employment they are without any continuing relationship with any adult, parents included. Since 1960 was designated Mental Health Year, it may not be out of place to emphasise that each year 280 million days are lost from work through sickness and that in a large proportion of cases the sickness and length of absence are due to mental not organic causes. The deciding factor is often not what is wrong but the way it is thought about. It is necessary in many cases for these young people to come to terms with their disabilities. If a sense of responsibility, a sense of values and purpose, has been achieved then it is likely that there will be less liability to 'go sick' or stay away a long time for relatively minor ailments.

Early Maturation.

Reference has been made in previous years to earlier maturation, and it is important to realise that in addition to the unsettling effect of transition from relative dependence of school to considerable independence of work and wages there is the added problem of a major psycho-sexual adjustment. In an ordered society where limits and rules of conduct were clearly established this would be hard enough. In the present state of society they are exposed to sharply contradictory influences.

By the age of twenty-three, a very high proportion of all these young people will be married and many of them will have children. A large number of those engaged or about to be married have said they would welcome more opportunities to learn, in the schools and after, about problems in human relationships, relations between boys and girls and some of the problems, economic and psychological, which will be encountered in courtship and marriage. A number of mothers have expressed the opinion that parents would be helped considerably if they could take part in discussion of these subjects and see some of the films and other visual aids which are shown to their children in some schools. Some schools do more than others but there is no doubt of the unmet need, and of the shortage of those qualified to help.

Is the time perhaps ripe for more suitable people to be specially trained, and for more teachers and others associated with young people generally to increase their capacity to help or direct them to where help may be obtained?

The young people do not need imposed teaching, but an encouragement to discuss and learn, and think.

Footwear.

Much has been written and said about the ill effects on the girls' feet of fashionable pointed shoes. It is sad indeed that the boys are now showing no better sense. Under the influence of exploiters of 'teenage' fashions, boys are now wearing 'winkle-picker' shoes guaranteed to produce foot deformities. These foot deformities will not only produce painful feet in middle age but handicap achievement in sport and all games where first-class footwork is essential. Ultimately, the Country has to foot the bill in absence from work and expense for the National Health Service. Can nothing be done?

Smoking.

Special effort has again been made to discuss smoking with as many as possible.

There appears to be a desire on the part of most of those who smoke, to smoke less. Some of the heavy smokers, 15—20 cigarettes a day, say they have tried to stop but cannot. A large number of those who smoked at school have decided that it is an expensive and stupid habit and no longer smoke. Some boys said they were going to give up smoking because they wanted to buy a motor cycle or car and could not afford both. It was often the less able and less intelligent with little diversity of interest who smoked most. All agreed that handing round cigarettes often led them and others to smoke when they did not want to. The girls appreciated that if they and their husbands smoked there would be mutual stimulus towards chain smoking. They said they would rather their husbands and children did not smoke.

The liklihood of bronchitis and smokers cough appeared to concern them more than the lesser liklihood of lung cancer. It is clear that much more might be done at school to stimulate discussion and utilise ridicule as well as commonsense to influence attitudes. As an aspect of health education it is one of the very many ways in which constructive social thinking can be stimulated.

Leisure.

The span of leisure activities is increasing and the number of young people travelling in this country and abroad is greater. School tours are undoubtedly helping to stimulate interest in getting around. There are also more young people who play some musical instrument, the two common ones being piano and guitar.

Too many are still passive in their approach to leisure interests and depend upon others to provide diverse and vicarious entertainment They have many fine qualities which require imaginative leadership to reveal. As usual it has been a great pleasure to meet them and I am grateful for the opportunity.

Early and late Developers.

The problem of early and late developers is one which deserves more attention, especially as it may have a decisive influence on the type of educational opportunity which a child may receive.

> I believe that about 10% of boys, at least, are late developers and in many instances this can be a major contributory factor in their failure to pass the eleven-plus examination. Some of them go into grammar or technical schools at the thirteen-plus stage. I also believe that probably about 10% are early developers and for this reason may succeed in the eleven-plus examination. The success is often a somewhat flash-in-the-pan effect and, having burnt their powder they drag along at the bottom of the class and leave early or stay to take only one or two subjects at G.C.E. level. It is interesting that many of the early developers grow relatively little in either height or weight after the first year or two at grammar or technical schools. Their mental development seems similarly to have reached its peak."

HANDICAPPED PUPILS

The Education Act, 1944, placed on local authorities the duty of ascertaining handicapped pupils in their areas and of making suitable provision for their education. This may be arranged at special schools, special classes in ordinary schools, in ordinary schools or by individual tuition at home or in hospital. The main task of the School Health Service is to medically examine these pupils and having decided in which of the categories defined under the Handicapped Pupils and School Health Service Regulations, 1953, the child should be placed, to recommend suitable special educational treatment.

The majority of seriously physically and mentally handicapped children have already been ascertained as such before they reach school age. It is, of course, of particular importance to have a full assessment as early as possible in the cases of blind and deaf children whose training should start from infancy onward.

The achievement of early ascertainment is becoming easier year by year as more general practitioners and consultants keep the educational aspects of their cases in mind. In addition, the general public are being made increasingly aware of the ways in which these children can be helped. Television and radio programmes, books and even stage plays are supplementing the steady flow of information from Health Education Services, with the result that parents are seeking advice early so that their handicapped child may, if necessary, have the benefit of special educational treatment.

The figures given below will assist in a comparison of the numbers ascertained as belonging to the various categories of handicapped pupils over the last 5 years. When allowance has been made for increases in the school population it might be expected that, with the exception of Educationally Subnormal and possibly Maladjusted pupils, the figures would decline rather than increase over the next 5-year period.

Pupils recommended for special educational treatment at special schools or boarding homes.

Categories	1956	1957	1958	1959	1960
Blind	4	1	1	3	2
Partially sighted	1	9	—	1	3
Deaf	—	1	2	2	4
Partially deaf	5	2	1	3	—
Delicate	17	20	24	12	27
Physically Handicapped ...	9	15	6	9	6
Educationally subnormal ...	138	189	100	155	181
Maladjusted	18	21	18	23	20
Epileptic	3	4	3	—	2
Totals ...	195	262	155	208	245

The above figures do not include those examined and recommended for special educational treatment in ordinary schools or for tuition at home or in hospital.

During the year those provisions of the Mental Health Act, 1959, which amended certain parts of the Education Act, 1944, came into operation. The amended sections are those which deal with pupils who have a disability of mind which makes them unsuitable for education at school and the general effect has been to provide more administrative flexibility while extending the rights of parents to appeal against decisions taken by the Local Education Authority with which they disagree. Both these changes are welcome. They should stimulate the provision of purpose built training centres which will provide an acceptable alternative to parents whose children cannot benefit from education and by dispensing with some of the formalities, facilitate the transfer of borderline cases between the centres and the school system, thus allowing time for adequate assessment. In general terms, the gap between those children classified as ineducable under the old terminology and the educable has been narrowed a little. During the course of the year 36 children were reported to the Education Authority as being unsuitable to receive education at school.

The need to provide special educational treatment for the small group of children who are so mentally ill that they cannot be educated in ordinary schools has been recognised. There are, however, too few special units or wards in hospitals where these children can receive treatment which is their primary need.

This has been another year of close co-operation with doctors and educationalists. Although it has involved a great deal of correspondence and personal discussion of cases it is only by this means plans for treatment and education can be co-ordinated for the ultimate benefit of the child.

CHILD GUIDANCE.

The development of the child guidance service has been gradual, but sure, and with the co-operation of Regional Hospital Boards who provide the services of consultant psychiatrists, it has been possible during the year to give more time in Slough to the care and treatment of maladjustment and associated disorders in children and to plan the extension of the service in the north of the county where no service exists at the present time. A new clinic will be completed during 1961 in Bletchley, with accommodation for another child guidance team, the Regional Hospital Board agreeing to supply the necessary additional psychiatric sessions. Although this represents progress, the increasing acceptance of the value of the work in the child guidance field gives rise to a greater public demand and from the reports written by the consultant psychiatrists in charge of the two child guidance teams in the county it is quite evident that the steady growth of the service is producing problems of staffing and accommodation which are by no means easy to resolve.

Dr. M. I. Pott, the psychiatrist in charge of the clinic in Slough writes:—

> "1960 has been a year of steady though gradual developments of the Slough Child Guidance Service—I use the word Service advisedly as the work of the Clinic is extending into the community—and must not be thought of as limited to diagnosis and treatment of children within the clinic setting. Statistics are notoriously inadequate as a record of the work done during the year for the time and energy expended on consultation with other agencies, discussion of cases with doctors, teachers,

social workers and others cannot be measured, and yet this not only occupies much time but is a vital part of Child Guidance work. Figures however can give an indication of trends in clinic work and those for 1960 are given at the end of my report. The number of cases referred and closed are not significantly different from those of last year. These figures are likely to remain the same until an all round increase in clinic staff is achieved as a long waiting list deters further referrals and is thus self-limiting. We still have 30 children waiting treatment, and the same number waiting diagnosis. We are encouraged however by the fact that the North West Metropolitan Hospital Board have allowed an increase of two psychiatric sessions. These have been agreed in principle a long time ago but were allowed in practice in October, 1960. At that time I was unable to take the sessions myself owing to temporary work for the Wessex Regional Hospital Board, but we were able to obtain the services of Dr. Rappaport as locum for three months. She was able to treat a number of children on a short term basis, and we are grateful for her help.

In July Miss Sobell left us to gain further experience in the Psychiatric Department of the West London Hospital. She had been with us as Psychiatric Social Worker for 5 years and we were sorry to lose her. We were however fortunate enough to have the post filled by Miss Rossall who joined the Clinic staff in September after completing the Mental Health Course. We are still unable to fill the post of second Psychiatric Social Worker but Miss Tarbolton continues to help us part time.

There has been no opportunity for expansion of work in the Educational Psychologist's field as Miss Freeman is fully occupied by the demands made on her both in the schools and Clinic. Without the appointment of a second Psychologist the work cannot be extended. Lack of space in the Clinic prevents us accommodating other staff. As pointed out last year the appointment of a remedial teacher would be a step of great value to both the schools and clinic. Accommodation could be found for a teacher who would work mainly in the schools.

Long-term treatment of children by Mrs. Wellin continues and twenty-eight patients are attending weekly. The value of such treatment depends on an accurate assessment of the whole family situation, as success or failure depends on the parents' ability to co-operate fully and to become involved in the treatment as well as the child's ability to make a relationship with the Therapist, and tolerate the tensions which arise while working through the emotional disturbance.

During this year we welcomed the opportunity to meet Dr. Booth and the Child Guidance team from Aylesbury twice, and were stimulated by discussing with them difficult cases of diagnosis and treatment.

Work for the prevention of mental ill health has been undertaken by me both through group discussions and individual consultation with professional men and women working in the community. Short courses in the form of discussion groups have been undertaken with Health Visitors, Midwives and Nurses, with Child Care Officers, Probation Officers and other Social Workers, and one group was organised for Head Teachers from a selected area of Slough. It is impossible to assess in detail the value of this work as we are dealing with intangibles—with attitudes and prejudices, with anxieties and adjustments. We are helping workers become more aware of mental health problems and more sensitive and confident in dealing with them. None of these things can be measured accurately but we have reason to believe that these discussion groups are enjoyed and valued and those who attend are making a contribution in their own work towards prevention of mental illness. We have arranged single meetings or discussions for General Practitioners and Magistrates. The response from these groups was disappointing. I believe this was partly because the times for the meetings were not convenient and both doctors and Magistrates suffer from pressure of work, but I think also considerable apathy and lack of interest exists. No further attempts will be made to contact these groups in 1961 as there is more than enough work for the time available waiting to be done with groups of people showing awareness of the problems and interest in them.

The extension of our work in the community has brought us closer than ever to social agencies and individual workers, and we are grateful to them for their help and co-operation in many of our difficult cases."

STATISTICS.

No. of cases referred during 1960		106
No. of cases closed during 1960		119
No. of cases under weekly treatment on 31.12.60:—		
Psychiatrist	15	
Therapist	28	
Psychiatric social workers	18	
Educational psychologist	1 (plus 7 children referred for remedial teaching only).	
Waiting list on 31.12.60:—		
Diagnostic	31	
Treatment	30	
Failed appointments	6	
Left area	1	

Dr. E. M. Booth writes about the Aylesbury and High Wycombe clinics in the following section:—

"It is a pleasure to record that for the first time since the Aylesbury and High Wycombe Child Guidance Clinics opened there has been an increase of staff. This has been on the psychological side where pressure of work is great. In October we were happy to welcome Mrs. Elvin as part-time Educational Psychologist. She is at present working for four sessions a week, partly in the Aylesbury Clinic and partly in the schools. Her appointment has been a great relief to the full time psychologist, Mrs. Thorstad, and has meant that attention has been devoted to the needs of those children who present educational problems in the schools. On the clinic side, it has meant that more school visits have been made and more help given to teachers in the understanding and handling of those children who are attending the Child Guidance Clinics. At the same time there is no reason for complacency and in the High Wycombe and Aylesbury areas we could keep another full-time Psychologist fully occupied.

Attached to the Aylesbury and High Wycombe Clinics are three part-time Remedial Teachers—Mrs. Hopkins at Aylesbury, and Mrs. Royal and Mrs. Smallwood in the Wycombe/Amersham/Chesham areas. Unfortunately, towards the end of the year, Mrs. Smallwood found that her domestic commitments left her little time for other work. She is now able to work only 3 sessions, i.e., 3 half days, instead of the 5 which she formerly did. This has been a serious loss and we hope that in the near future it will be possible to appoint an additional full time Remedial Teacher.

It would be difficult to over-emphasise the importance of work done by Remedial Teachers. Children with specific difficulties in learning, usually on their first visit to the teacher, are relieved to find that they have the individual attention of a person who really understands their difficulty, does not label them as "lazy", or say of them, as they have usually heard so many times, "He could do better if he tried". The all-round improvement shown by such children is often very marked when they find that they are not dunces or failures and that they too can achieve the satisfaction which comes from learning—a satisfaction which is shared by those parents who are interested in their children's welfare.

The three Remedial Teachers deserve congratulation on the successes they have achieved both with children with specific learning disabilities (and the emotional disturbance which is so often the sequel) but also in the even more difficult cases of "school refusal". Several of this latter group, i.e., children with a genuine school phobia, have been, as it were, "taught" the way back to school by attending for remedial teaching at the Clinic after their neurotic symptoms have been dealt with by psychotherapy.

In the whole field of Child Guidance, there is probably nothing more worthwhile than remedial teaching which so often shows a child for the first time in its life that the acquisition of knowledge can be a pleasure and not the sheer drudgery which so many children seem to find it.

It is a matter for concern that over the past year the Psychiatric Social Worker, Miss Tamblyn, has carried an exceptionally heavy (too heavy) case load. The Aylesbury and High Wycombe Clinics, serving as they do a scattered area, involve her in a good deal of travelling when she does home visits. In addition, however, many of the cases seen at the joint Paediatric/Psychiatric Clinic and in the Children's Wards at Stoke Mandeville Hospital come from the Bletchley area where there is, as yet, no Child Guidance Service. Almost all of these cases present social as well as psychiatric problems and in order to help them the Psychiatric Social Worker has had to do many home visits, often at short notice to deal with a crisis which threatened to break up the family.

Miss Tamblyn has always felt, as I do, that to see a case at a clinic and not follow it up and give as much help as possible is worse than useless, as we only raise hopes in parents and children, and then disappoint. To do so can bring any Child Guidance Service into disrepute.

In addition, Miss Tamblyn has attended some of the Preventive sessions as in many of the cases discussed there she has been in close contact with the parents and is fully aware of the family problems.

When the new Clinic, with its own Psychiatric Social Worker, opens in Bletchley in 1961, it is still desirable that there should be an additional Psychiatric Social Worker for the Aylesbury and High Wycombe areas.

In October, Dr. Matthews, a Junior Registrar on the staff of St. John's Hospital, started to attend the Aylesbury Clinic for two sessions a week. Although this has been a help, it is greatly regretted that Dr. Matthews cannot attend the Child

Guidance Clinic at High Wycombe, where the case load is heavier and there are many cases of considerable complexity. Like the High Wycombe Clinic, the Aylesbury Clinic is short of rooms and it is a pity that Dr. Matthews has often had to work in cramped and uncomfortable conditions.

The premises at Aylesbury are used additionally by the Speech Therapist and the Ministry of Health. Whilst this state of affairs continues, it is difficult to see how we could accommodate the full-time Senior Registrar we need, when such an appointment is possible. There is no doubt whatever that an increase in psychiatric sessions is greatly needed.

The joint Paediatric/Psychiatric Clinic continues and we feel that it fulfils a valuable function. The Paediatrician brings interesting material to it and there is no doubt that, by discussion on and the early investigation of suitable cases, we are able to reduce the Child Guidance Clinic waiting lists. Towards the end of 1960, however, Dr. MacCarthy found that he was not able to attend a joint clinic every week and from the beginning of December it was held fortnightly. This meant a very slight increase, i.e., one session a fortnight, in psychiatric time available to the Child Guidance Clinic. Nevertheless, it is a matter of great concern that the waiting lists remain long. This applies with particular force to High Wycombe and it is gratifying to be able to report that the Aylesbury waiting list has at present been reduced to almost manageable proportions. Nevertheless, we have to be very accurate about assessing the "urgency" of each case referred. All are urgent but some are so serious that they must be seen at once. When emergencies occur, other cases must assume a position still further back on the waiting list. I feel that no case referred to a Child Guidance Clinic should have to wait more than a few weeks instead of, as at present, many months.

During the past year the clinic staff had paid particular attention to trying to devise ways in which time could be saved. In some quarters, criticism has been directed to the time said to be wasted in Child Guidance Clinics by the traditional case conference on each child. It has never been our custom to hold a conference of the whole team on every patient referred to the clinic. However, it is often necessary for the Educational Psychologist, the Psychiatric Social Worker, and the Psychiatrist, to take part in the diagnostic procedure and the subsequent treatment which may well involve consultations with educational, social and other authorities. Our case conferences usually occur over the luncheon which we take together in the clinic, an arrangement which may not be ideal but is at least practicable and time-saving.

In a well selected case, the case conference can be used as a means of explaining the child's difficulties to all those who come in contact with him. We have used this method, we feel successfully, and, wherever appropriate, have invited teachers, probation officers, health visitors, child care officers, housemothers and fathers.

During the year, the team has had two meetings with the Slough Child Guidance team, one taking place in Slough and one in Aylesbury. We valued these opportunities of meeting our opposite numbers and discussing with them some interesting cases. One of the difficulties of all who work in the field of Child Guidance is the lack of opportunity of exchanging ideas with their colleagues in the field; the pressure of work is too heavy to permit frequent meetings for the interchange of ideas.

One of the "headaches" for those who have to write an annual report is the collecting of statistics. As everyone knows, these by themselves can be misleading but, each year, when writing the annual report, we try to use the figures to help us to make some kind of evaluation of our year's work and to see whether there are ways of improving it.

With regard to the problems for which children are referred, it is interesting to note that there has been a significant decrease in the number referred on account of educational retardation. This is almost certainly due to the fact that the Educational Psychologist and her functions are becoming more widely known and better understood by head teachers and school medical officers. The increase in the number of visits made by the Educational Psychologist to the schools certainly plays a part here, as, when a school visit is made about one child, it is common for interested teachers to mention other children who have educational problems. If the problem is a purely educational one, then it can be dealt with by the School Psychological Service and may never come to the clinic. The decrease in cases referred by the Consultant Paediatrician is explained by the fact that we hold the joint Paediatric/Psychiatric Clinic at which some cases which are unsuitable for a Child Guidance Clinic are "weeded out", and other cases dealt with quickly before the problem has become serious.

The number of referrals to the Child Guidance Clinic from General Practitioners has increased over the past year. We are grateful for their co-operation and for the way in which they put their unique knowledge of the child and his family at our disposal.

Particularly in the High Wycombe Clinic which serves Amersham, Chesham, Marlow and the Chalfonts, the Juvenile Courts have made a good deal of use of it. It is a matter of concern that cases referred from the Courts often prove to be of such a serious nature that they cannot be dealt with by out-patient treatment and the child must be taken away from home to ensure that he receives the continuity or type of treatment which is indicated.

Whilst there is no doubt that the most successful work could be done with children in the younger age groups (perhaps particularly in the under 5's and children in the Infant and Junior Schools), we have, over the past year, had a large number of adolescents referred. Work with adolescents who are usually reaching school leaving age, means literally working against time because such patients, on leaving school and taking up employment, can no longer continue to attend the Clinic. It is therefore important that the adolescents who need treatment (as most of them do) should be seen frequently so that as much treatment as possible can be given within the space of a few months. An inevitable consequence of this is that the younger children with difficulties which at that stage of their problem might be dealt with fairly quickly, are, because their problem is not quite so urgent, relegated to a lower position on the waiting list. As our figures show, the cases on which the most time has been spent are children from 11 years upwards. Most of these have come into the adolescent group and it emphasises the need for special clinics for adolescents, not only in this area but all over the country. Although work with this age group is notably and encouragingly rewarding, it is admittedly difficult. The techniques and even the lay-out of a Child Guidance Clinic are not generally the most suitable for adolescents. I must express considerable concern at the comparatively large number of sexual offences by children of the pubertal and adolescent group which has been referred to the Clinic over the past year.

During the year we have had twelve cases of school phobia which is double the number that presented in 1959. It should be pointed out that school phobia is a symptom quite different from truancy and that it is usually evidence of a neurotic illness with which the child and one or both parents are deeply involved. The only hope of cure is by psychiatric treatment, sometimes involving the removal of the child from his home surroundings. It does not yield to the traditional method of extracting promises from the child, e.g., that he will go to school "tomorrow".

In conclusion, the staff of the Child Guidance Clinic are grateful to the many workers in the fields of Maternity and Child Welfare, Child Health and Child Care, who so willingly cooperate with the work of the Clinic. In the midst of so much cooperation, it is perhaps rather unfair to "itemise" but we were all impressed that one District Nurse spent a good deal of her own leisure time to bring a seriously disturbed child to the Clinic from an inaccessible rural area.

During the year, the Clinic staff have given many talks on the work of the Clinic and problems of Child Development, both normal and abnormal, to Mothers' Clubs, Young Wives' Clubs, the Magistrates and various other organisations."

STATISTICS.

	Aylesbury	High Wycombe
Cases referred	73	88
Cases closed	23	22
Regular treatment:		
Psychiatrist	50	56
Educational Psychologists	77	109
Psychiatric Social Worker	31	47
Cases awaiting first interview	39	46
Failed appointments	2	—

SCHOOL NURSING SERVICE

In keeping pace with the increase in the school population the pattern of the nursing service is changing. The concern of the health visitor is the health of the child as a whole and does not rest with hygiene and personal cleanliness only. With a school population of 73,017 it is interesting to note that only 909 pupils were found to be infested. In eleven cases only were cleansing notices issued and the children excluded from school.

Regular health surveys are made each term with the wide implication of health in mind Defects have been noted such as bad posture, flat feet and skin conditions, and these have been referred to the school medical officer. Simple instruction is given at this time on personal hygiene matters such as use of handkerchief, foot hygiene and care of shoes.

The good liaison between teachers and health visitors has continued throughout the year; this link is important if the children are to learn good health habits during their school years.

Vision tests have been carried out on the five-year, seven-year, eleven-year and fifteen-year age groups.

Audiometric tests undertaken by health visitors are dealt with elsewhere in this report.

The following table shows the work undertaken by the health visitors and school health assistants. The figures in brackets are for 1959:—

Health Visitors—		
Visits to homes	3,118	(2,750)
Visits to schools	1,706	(1,712)
Health Assistants—		
School medical inspections	893	(726)
Health surveys	383	(334)
Weighing and measuring	176	(178)
Vision testing	272	(102)
Ophthalmic clinics	115	(85)
Minor ailments	42	(38)

The health assistants are undertaking a great deal of the routine work within the schools, which gives the health visitor more time for home visiting. This link between school and home in matters of health is essential if the child is to receive the maximum benefit from the school health service.

HEALTH EDUCATION

A certain amount of health education takes place naturally as part of the ordinary day-to-day routine of school life. During the year formal instruction by health visitors on personal hygiene and parentcraft was given to 272 senior girls at nine secondary modern schools. Other health education activities have included the display of posters, usually on the subject of smoking and lung cancer, and talks by medical officers and health visitors to twenty-one parent or parent—teacher groups.

A dental health exhibition was held for one week at Stony Stratford. Here, children from the schools in the district were taught in groups of twelve for three periods of six minutes each during their tour of the exhibition, and this individual teaching, combined with a question and answer period, greatly enhanced the value of the exhibition. The exhibition is described more fully in the report on the school dental service.

SCHOOL DENTAL SERVICE

The following report on the school dental service has been prepared by Mr. C. H. Griffiths, L.D.S., R.C.S., Principal School Dental Officer.

> "Early in the year Mr. E. Kew, who had been Principal School Dental Officer for over twenty-six years retired, and it is to him the County is to a large extent indebted for the development and building up of a sound School Dental Service. He will be greatly missed by his colleagues, who wish him many years of happy retirement.
>
> The difficulty in recruiting staff is still a major problem and the average age of the dental surgeons is regrettably high. This is a situation which is common to most local authorities and its solution has worried the Ministries for some time.

Early this year Dr. Blumenau retired from full-time work after many years in North Bucks, but his valuable services are being retained on a part-time basis. His continuing to work for the County is much appreciated by his many patients. Fortunately we were able to appoint a new full-time officer, Mr. Derwent, for the North Bucks area, and Wolverton Clinic which had not been staffed for nearly two years, now has a regular dental service.

There has again been an increase in the school population but not a corresponding increase in the number of dental officers to provide full treatment for all children. However, the dental surgeons have endeavoured to provide as good a service as possible in the County

New equipment has been installed in some of the clinics and the new Clinic at Wexham Court Health Centre, Slough, has been staffed on a part-time basis to provide treatment for schools in the area, which is rapidly developing.

The use of the Mobile Dental Clinic has been extended. This year it has been used at five new sites at schools where it has not previously been possible to provide good accommodation and facilities for treatment.

The number of children requiring treatment was slightly less. Of those requiring treatment, the percentage of those accepting treatment at the County Council's Clinics was slightly larger than last year.

The conservative trend in treatment has continued to increase over the past years and more teeth were saved by fillings than before and less teeth needed to be extracted.

It has been possible to provide increased facilities for specialist administration of general anaesthetics in the County.

At the routine inspection of schools it was evident that a great number of children received regular treatment from private practitioners under the National Health Service. It was gratifying to see that children were much more "dentally conscious" and fewer badly neglected mouths were seen.

The extension of Dental Health Education has helped to stimulate interest in dental matters and it is hoped that as the campaign is extended with the blessing of the Ministries of Health and Education, even fewer neglected mouths will be found. Some of our dental officers have lectured to school groups and Mothers' Clubs, who showed great interest in the subject. This work culminated in an ambitious Dental Health Exhibition lasting four days in St. Giles and St. Mary's Secondary Modern School, Stony Stratford. About two thousand children from surrounding schools were invited to attend, to be instructed in the basic principles of Oral Hygiene, by means of demonstrations and films. Members of the teaching profession, parents, Mothers' Clubs and other interested groups also attended special meetings and viewed the exhibition.

The Ministries of Health and Education showed great interest and sent representatives to inspect the exhibition, and the project received a favourable Press, both nationally and locally. From a "follow-up" it was felt that the project had achieved results, and the children in the area who had attended seemed much better informed on dental matters and took more care of their teeth than children in other areas. It is intended to hold similar projects in other areas of the County later."

Orthodontic Treatment.

The report of the County Orthodontist, Miss A. M. Blandford, L.D.S., D.Orth., is submitted as follows:—

> "School dental officers referred 366 children for orthodontic treatment during the school year. There were, however, 912 children still under treatment who were commenced prior to 1960, and we were therefore unable to take on all the new cases referred to us. In fact, 236 new cases were commenced, leaving 130 children on the waiting list at the end of 1960.
>
> As explained last year, appliances have again been confined to the removable variety, and during the year 477 of these were fitted.
>
> The number of children whose treatment was completed is 190, most of whom were treated by appliance thereapy, but a few by selective extractions only. All children, whether they are wearing plates or not, once accepted for treatment, are seen regularly until such a time as their teeth are considered satisfactorily aligned.
>
> Cases discontinued numbered 113, but these were mostly children who left the area or failed to attend early on in treatment. Once treatment is well under way it is only rarely that a child becomes unco-operative.
>
> Much work has been done this year jointly with Stoke Mandeville Hospital, and children requiring surgery or special x-rays have benefited greatly from the facilities there.

PHYSICAL EDUCATION

Miss J. K. Clark and Mr. C. Franks, Organisers of Physical Education, have kindly submitted the following report:—

> "The programme covers a wide range of activities both in the primary and in the secondary schools. The usual time-table includes, besides the normal physical education or gymnastics lesson, games, swimming (where possible), dancing and athletics. In some secondary schools efforts are being made to introduce activities of a more recreational nature to some of the older pupils. It is hoped thereby to give boys and girls an introduction at least to a wide field of physical activities in the hope of creating an interest which can be carried on after they have left school.
>
> A number of secondary schools are working for the various awards of the Duke of Edinburgh's Scheme which includes, amongst other aspects, outdoor pursuits such as camping, walking, cycling and an adventure and a physical fitness section. Archery fencing and judo have also been taken up by a few schools with a view to widening the scope of the physical education programme.
>
> **Swimming.**
>
> Sixteen swimming centres in the county are available for use by the schools, and with the exception of three these are open air pools. A satisfactory programme of swimming was carried out, but the wet and rather cold summer made teaching conditions unpleasant at times. Four school swimming pools were also in use during the summer season, and it is hoped that more and more of these school pools will become available. The addition this year to schools with their own pools was Aylesbury High School. Good use was made of this pool by non-swimmers from the Grammar School and the High School and an encouraging number of boys and girls were taught to swim.

Facilities for swimming in the county generally are of course far from adequate, and our main aim at present is to give all children an opportunity of learning to swim while at their secondary school.

New county swimming certificates were introduced this year and any pupil undergoing instruction while at school is eligible to take the tests. Three types of certificates are available: the Beginners, Intermediate and Advanced and these incorporate swimming and diving tests to prove varying degrees of competence and versatility. These certificates are very popular with the children and many thousands are awarded annually.

The Schools' Annual County Swimming Gala was held in July at the Bletchley Urban District Council swimming pool. In spite of a thunderstorm and torrential rain during the Gala a comprehensive programme of events was concluded.

Courses.

Refresher Courses for teachers in various aspects of physical education have been held in the following centres:—

Association football training ...	High Wycombe.
Association football refereeing ...	Slough.
Athletics	Slough.
Cricket	Wolverton.
Dancing	Aylesbury. High Wycombe. Newport Pagnell. Slough.
Netball	Amersham. High Wycombe.
Rugby football refereeing	Slough.
Tennis	Aylesbury. Slough.

Courses for children in Secondary Schools.

At Shortenills, where weekly residential courses are held, the following numbers of children attended courses in physical education.

	Number of Boys	Number of Girls
February	20	20
April	40	—
May	100	60
September	—	40

Camping.

During the summer term the tented camp at Wolverton was attended by 378 children from thirteen primary schools. Groups stayed in camp from Monday until Friday and took part in a variety of out-door studies and activities.

One head teacher of a primary school organised his own camp in North Wales and two in Devon.

Bucks School Camp Association.

The Annual Camp organised by the Bucks School Camp Association was again held at Nettlestone, Isle of Wight, and was attended by 711 children and 140 teachers from 44 primary and 13 secondary schools. The camp was open for three weeks and each week a school nurse gave valuable assistance by looking after the health of the children."

INFECTIOUS DISEASES.

The following table gives the number of cases of infectious diseases notified from schools in the county during the year, with comparable figures for previous years. Although this is by no means an accurate measure of the incidence of infectious diseases in the community, it is a useful guide, giving medical officers the opportunity of investigating the spread of infection in schools.

	1954	1955	1956	1957	1958	1959	1960
Diphtheria	—	—	—	—	—	—	3
Scarlet fever	233	81	52	82	116	122	90
Measles	86	2,231	260	1,061	979	1,515	113
German measles ...	178	41	135	110	222	27	66
Whooping cough ...	327	151	89	120	86	86	48
Poliomyelitis	—	4	7	4	14	2	1
Chickenpox	1,103	751	1,625	734	790	699	821
Mumps	832	847	285	576	522	508	530
Other	151	94	74	189	39	1,486	42
Total ...	2,910	4,200	2,527	2,876	2,768	4,445	1,714
% of school population	5.3	7.2	4.1	4.5	4.1	6.3	2.3

The large number of 'other' infectious diseases during 1959 was due to the heavy incidence of influenza during that year. The most notable and disappointing feature of the 1960 figures was the return of diphtheria to the county after so many years of freedom from the disease. Although three cases were recorded during 1960, two were diagnosed retrospectively, having occurred in December, 1959. A detailed report on the outbreak of diphtheria in Loudwater is given below:—

Diphtheria.

Dr. A. J. Muir, Divisional School Medical Officer and District Medical Officer of Health has prepared the following report on the outbreak:—

> "In the early part of December, 1959, notification was received that a five year old girl had been admitted to Stoke Mandeville Hospital with palatal paralysis and myocarditis following a sore throat a fortnight before. As this followed a few days after the receipt of a letter from Amersham Hospital to the effect that a nine year old boy had been admitted with nasal speech and nystagmus following a sore throat and as both children attended the same school there were good grounds for further investigation and accordingly the infants in the class of which the more recent case was a member were swabbed. As a result four carriers of gravis type diphtheria bacillus were found and excluded from school. Swabbing of their home contacts disclosed another pre-school child carrier. In the meantime general practioners in the area were notified as were the parents of pupils at Loudwater School who were offered immunisation.

Another probable case was reported by a local practitioner. A middle aged woman with two children attending the school had suffered from a sore throat eleven weeks previously. This was followed by regurgitation down the nose and nasal speech and still later by symptoms of nerve involvement in the legs. The Consultant Physician thought these symptoms consistent with the retrospective diagnosis of diphtheria.

Immediately before the Christmas vacation primary immunisation and boosting was carried out as appropriate.

During the vacation one of the teachers had a sore throat and a swab examined at the local Hospital was positive. Subsequent swabs from this patient and his family were negative. This man was treated at home and was considered to be a mild case.

At the beginning of the Spring Term a number of children were due to be transferred from Loudwater to the new school at Flackwell Heath and to prevent the possible spread of infection all the transferees were swabbed on the first day of term and were sent home pending results. Two of these children were positive and were excluded.

Also at the beginning of the term Loudwater School was visited by a Medical Officer and swabs were taken from children with any suspicious signs, e.g. injected tonsils or nasal discharge. All these pupils were excluded from school pending results and arrangements were made for the whole school to be swabbed. Two days later Dr. Vollum from the Public Health Laboratory, Oxford, swabbed all the children present and absentees on that day were swabbed at home before being re-admitted to school. Nine children were found to be carriers and were admitted to Slade Isolation Hospital, Oxford, where one was diagnosed as a mild case of diphtheria.

During this period 681 pupils attending adjoining Nursery, Infants and Primary Schools were immunised or boosted and the families of the children with positive throats were swabbed and five carriers were discovered—three of them adults, two of whom stayed off work during Erythromycin treatment.

Medical Officers of the Ministry were in constant touch with the Local Health Department and in view of experience elsewhere it was thought desirable to have all carriers admitted to hospital if at all possible.

In all twenty-eight carriers including three adults were discovered in the course of the investigation and twenty-two of them —all children—were admitted to isolation hospital and treated with appropriate doses of Erythromycin—the remainder were similarly treated at home by their general practitioners.

Following the isolation of the known carriers no more came to light in the school although there was a direct connection between this incident and a subsequent one in a hospital in a neighbouring district.

In all there were five cases associated with this outbreak, viz:—

M 9 years — palatal paralysis and nystagmus
F 5 years — myocarditis and palatal paralysis.
F 50 years — palatal paralysis and peripheral nerve involvement.
M 40 years — mild tonsillar diphtheria.
M 9 years — mild tonsillar diphtheria.

The first three cases were diagnosed retrospectively and the last was the only one of which there was a record of any immunisation and he had had only one injection previously.

As regards the school, which was a primary one, there were 228 on the roll, 60% of whom had received the full course of immunisation, 7% had received one injection and 33% had no record of any injections having been given.

Although at one time such outbreaks were commonplace diphtheria has become such a rare disease that cases are liable to be missed. There had been no diphtheria in this district for fourteen years and it was no wonder that in the first three cases the diagnosis was retrospective.

Fortunately at present antibiotics are available for treatment of the carriers so that when diphtheria is present in a community these should be sought and treated and in the case of children treatment should be carried out in hospital.

One thing that came to light—something that has been known for long—the ignorance of many parents about whether or not their children had been immunised. No fewer than forty parents asked for "boosting doses" when in fact no record of primary vaccination could be found."

Plantar Warts, High Wycombe Division.

In September, 1960, the Divisional School Medical Officer received a letter from Dr. Wilkinson, the Consultant Dermatologist at High Wycombe Hospital. In this concern was expressed at the large number of children infected with verruca who were attending his clinic and he felt that the bare feet activities carried out in the girls' schools were a contributory factor. He stated that the findings of the East Anglian Wart Survey was that such activities in the presence of infection should be discouraged.

The Divisional School Medical Officer having ascertained that there was a considerable incidence of footwart in the girls' schools recommended the suspension of bare foot activities.

It was agreed to reconsider this at the end of term in the light of conditions prevailing. In December the four Wycombe girls' Secondary Schools were visited by a Medical Officer and her findings are shown in the following table:—

	High School	Mill End S.M.	Hatters Lane S.M.	Lady Verney High School
No. of cases clearing	18	7	15	4
Stationary or New cases ...	28	14	5	4
Clear	8	2	3	3
Absent	6	—	—	—
Total	60	23	23	11
No. of girls in school	883	454	444	575
% of girls with Foot Wart ...	6.8	5.1	5.2	1.9

Degree of Infection.

	High School	Mill End S.M.	Hatters Lane S.M.	Lady Verney High School
1 Foot	35	18	19	6
Both Feet	11	3	1	2
1 Wart	29	13	12	4
2 Warts	6	6	4	3
3 Warts	1	1	2	1
4 Warts	2	1	1	—
5 Warts or more	8	—	1	—

High School — — — — 883 Girls
60 Cases
6.8%

Foot inspections are carried out at the beginning of every month by the games staff. Bare foot work stopped in October 1960, and showers stopped at the end of November 1960. The showers have ridged concrete floors and tiles and these are scrubbed daily with long handled brushes and disinfectant.

Hatters Lane S.M. School — 444 Girls
23 Cases
5.2%

Feet are inspected by games staff once a term only so far. So that more cases may be found on further inspection, bare foot work was stopped in October 1960, showers, however, are continuing, but not for girls infected. The showers have duck boards which are apparently scrubbed weekly.

Mill End S.M. School — — 454 Girls
23 Cases
5.1%

Feet have been inspected at least twice in term by games staff and matron. Bare foot work stopped in October 1960, but showers continue for uninfected girls. The showers have duck boards and tiles, scrubbed once or twice weekly.

Lady Verney High School — 575 Girls
11 Cases
1.9%

Feet have been inspected at least twice a term by matron and games staff. No bare foot work has ever been done and there are no showers.

The significant finding was the low percentage of cases at Lady Verney High School where no bare foot work had ever been carried out and where there were no showers. This suggests that the danger of cross infection is real in the other schools where bare foot activities normally took place—and in consideration of the girls' health bare foot work should not be resumed at least until the incidence is much less and even then with extreme caution and awareness of the potential dangers.

A similar survey was undertaken in the Amersham division with the following results:—

1,767 secondary schoolchildren were inspected — 30 (1.7%) had plantar warts.

	Girls	*Boys*
Number having plantar warts and receiving no treatment	1	12
Number having plantar warts and already receiving treatment	10	7
Total ...	11	19

In addition, 700 primary schoolchildren were inspected but no plantar warts were discovered.

SCHOOL MEALS SERVICE

The results of a census of meals and milk in schools carried out during the autumn term, 1960, were as follows:—

Meals.

Number of day pupils present	67,789
Number taking school dinners	41,342
Percentage ...	61.89%

Milk.

(a) **Maintained Schools.**

Number of pupils present	66,972
Number drinking milk in school	51,578
Percentage ...	77%

(b) **Independent Schools....**

Number of pupils present	11,106
Number drinking milk in school	9,618
Percentage ...	86.60%

It is worth recording that the percentage of children taking mid-day meals was the highest ever achieved since the introduction of the school meals service as it is known to-day.

The number of pupils drinking milk, particularly girls in the higher age group schools, shows a decrease over the previous year.

The meals were served from 194 kitchens.

Food Hygiene.

The policy of giving priority to structural improvements to the older canteen buildings has been continued and, as a result, the improvement and uniformity of standards throughout the county has been maintained. The staff of the school meals service are constantly being reminded of the need for the careful handling, preparation and serving of food and every effort is being made to ensure that the carrying out of their duties conforms to the hygienic standards required by the regulations. For example, meetings for both full-time and part-time kitchen staff were held periodically throughout the year in various parts of the county; emphasis being laid on personal and food hygiene. Cooks have been instructed on the importance of the preparation, cooking and serving of food on the same day and the practice of pre-cooking meat has therefore, in the main, been eliminated. The installation of certain items of stainless steel equipment is an additional feature of the campaign for higher standards.

MILK IN SCHOOLS

Mr. W. A. Davenport, the Chief Inspector, reporting on the Milk-in-Schools Scheme states:—

> "The control of suitable milk supplies sold to schools under the Milk-in-Schools Scheme has proceeded as in previous years, emphasis being placed on the bacteriological and compositional qualities of the various classes of milk supplied. All the suppliers under the scheme, likewise the sources of all supplies, are approved by the Principal School Medical Officer.
>
> 10 samples of 'tuberculin tested' raw milk were examined biologically. None were found to be tubercle or brucella infected.
>
> In addition 254 samples of pasteurised milk delivered were checked and only 3 were unsatisfactory due to under heat-treatment. The cause was brought to the notice of the processor and was promptly rectified.
>
> All the 290 samples of milk taken for compositional quality were satisfactory.

SCHOOL HYGIENE AND SANITATION

During the year a total of 39 schools had improvements to washing and sanitary accommodation carried out as shown below:—

Division	*School*	*Improvements carried out*
Amersham and Chesham:		
	Ashley Green C.E. Kitchen	Instal new water storage tank.
	Chenies C.P. School	Installation of four new lavatory pans.
	Coleshill C.P. School	New Sanitary Accommodation.
	Ley Hill C.P. School	Installation of eight new lavatory pans and provision of entrance doors to toilets.
	Little Kingshill C.P. School	Installation of lavatory basins and hot water in cloakroom.
	Seer Green C.P. Kitchen	Installation of new water starage tank and alterations to supply.
	Whelpley Hill C.P. School	Installation of drinking fountain.
Aylesbury:		
	Chilton C.E. School	Conversion to water-borne sanitation and connection to sewer. Provision of two lavatory basins with hot water.
	Lower Winchendon C.E. School	New Sanitary Accommodation.
	Ludgershall C.P. School	Conversion of E.C.'s to chemical closets and renovation of toilets.
	Ivinghoe C.P. School	Provision of automatic flushing to urinal.
	Waddesdon C. School	Provision of hot water system to eight lavatory basins.
	Wendover C.E. School	Construction of additional W.C. for Headmaster and installation of lavatory basin.
Buckingham/Winslow:		
	Adstock C.P. School	Conversion to water-borne sanitation.
	Buckingham C.S. School	Installation of drinking fountain.
	Charndon C.P. School	Provision of hot water service to basins.
	Hillesden C.E. Controlled School	Conversion to water-borne sanitation.
	Newton Longville C.E. Controlled School	Provision of hot water service to basins.

Division	*School*	*Improvements carried out*
North Bucks:		
	Little Brickhill C.P. School	New Sanitary Accommodation.
	Newton Blossomville C.P. School	Waterborne Sanitation.
	Stony Stratford C.P. School	Installation of three drinking fountains.
	Whaddon C.P. School	New Sanitary Accommodation & Staff M.I. Room.
Slough and Eton:		
	Burnham C.E. Canteen	Improvements to water storage system.
	Cippenham C.J. (Girls') School	Improved Sanitary Accommodation.
	Cippenham Nursery	Alter bathroom and instal lavatory basins.
	Dorney Old School	Provision of covered way and improvements to W.C.
	Goldolphin C.P. School	Provision of new water supply to section of toilets.
	Slough College of Further Education	Improvements to Mens' toilets. Installation of incinerator to gym.
	Slough, St. Anthony's R.C. School	Improvements to cold water supply system, and urinal.
	Slough, St. Ethelbert's R.C. School	Installation of gas storage water heater.
	Slough, The Park Special School	New water supply and sink to woodwork room and toilets.
	Slough, Wm. Penn C.S. for Boys'	Provision of additional drinking fountain.
	Slough, Wm. Penn Nursery	Alter bathroom and instal lavatory basins.
	Taplow C.E. (Kitchen)	Improvements to drainage.
Wycombe:		
	Bledlow Parochial School	Improvements to lavatories.
	Flackwell Heath C.P. School	Provision of hot water to lavatory basins.
	High Wycombe, Terriers C.P. School	Improvements to internal lavatories.
	High Wycombe, Totteridge Road C.I. School	Provision of hot water to lavatory basins.

Food Hygiene Regulations, 1955.

Improvements were carried out to 49 school canteens during the year, making a total of 157 school canteens that have been dealt with since the Food Hygiene Regulations came into force in 1956.

Division	*School*	*Improvements carried out*
Amersham and Chesham:		
	Amersham St. George's C.E. School	Provision of fly screens to dry store.
	Chalfont St. Peter C.E. School	New Kitchen.
	Chenies C.P. School	Improvements to Kitchen.
	Chesham, Germain Street Boys' School	Dining Hall and Washup.
	Chesham Central Kitchen	Alterations and Improvements.
	Chorley Wood, Russell C.J. School	Provision of fly screens to dry store.
	Great Missenden C.E. School	Remodelling of Kitchen.
	Great Missenden, Misbourne C.S. School	Installation of new sinks and alterations to rinsing and preparation sinks.
	Horn Hill, Village Hall Canteen	Installation of new storage tank and provision of water services to heater.
Aylesbury:		
	Aston Clinton C.P. School	Alterations and improvements including new servery, hot water system, cupboards with Formica tops, and floor.
	Oakley C.P. School	Provision of lavatory basins.
	Wendover, John Colet C.S. School	Provision of lavatory basins.
	Whitchurch C.P. School	Minor Improvements, sterilizer, formica tops, improved floor finish, etc.
	Wingrave C.P. School	Minor Improvements, sterilizer, formica tops, improved floor.
Buckingham and Winslow District:		
	Buckingham, London Road Canteen	Installation of two lavatory basins.
	Charndon C.P. Canteen	Installation of sterilizing sink, ventilation works and provision of formica tops.
	Newton Longville C.E. Controlled	Installation of sterilizing sink, ventilation works and provision of formica tops.

Division	*School*	*Improvements carried out*
North Bucks:		
	Bletchley Road C.S. Canteen	Provision of formica tops, cupboards and improvements to ventilation.
	Bow Brickhill C.P. Canteen	Installation of sterilizing sink, formica tops and ventilation works.
	Castlethorpe C.P. Canteen	Installation of sterilizing sink, and ventilation works.
	Hanslope C.P. Canteen	Installation of sterilizing sink, provision of formica tops, ventilation works and replacement of solid fuel hot water system, by electric.
	North Crawley C.E. Canteen	Installation of sterilizing sink, provision of formica tops, ventilation works and replacement of solid fuel hot water system by electric.
	Olney C.P. Canteen	Provision of formica tops, cupboards, improvements to ventilation and installation of additional lavatory basin.
	Olney C.S. Canteen	Provision of formica tops, cupboards and improvements to ventilation.
	Stoke Goldington C.E. Canteen	Installation of sterilizing sink, formica tops and ventilation works.
	Stony Stratford C.P. Canteen	Provision of formica tops, cupboards and improvements to ventilation.
	Wavendon C.E. Canteen	Provision of formica tops and lavatory basins.

Division	*School*	*Improvements carried out*
Slough and Eton:		
	Burnham Priory Junior Kitchen	Improvements to larder and ventilation.
	Cippenham Schools Kitchen	Redecorations and minor improvements.
	Denham C.I. School	Installation of wash-hand basin.
	Slough Grammar School	Improvements to wash-up and installation of wash-up basin.
	Slough Haymill C.S. Kitchen	Installation of lavatory basin.
	Slough Marish C.P. School	Installation of wash-hand basin.
	Slough, St. Joseph's R.C. Sec. Kitchen	Improvements to storage space.
	Slough, The Lea C.J. School	Fixing of sterilizing sink.
	Taplow C.E. Kitchen	Improvements to larder space.
Wycombe:		
	Frieth C.E. School	Remodelling of kitchen and installation of lavatory.
	High Wycombe, Bowerdean Nursery	Remodelling of kitchen.
	High Wycombe, Marsh Nursery	Remodelling of kitchen.
	High Wycombe Terriers Nursery	Remodelling of kitchen.
	High Wycombe Totteridge Road, C.I. School	Remodelling of service kitchen.
	High Wycombe Central Kitchen	Remodelling of kitchen and installation of lavatory.
	Little Marlow C.E. School	Remodelling of service kitchen.
	Loudwater C.P. School	Remodelling of kitchen.
	Marlow, Foxes Piece C.I. School	Remodelling of kitchen.
	Medmenham, Danesfield C.P. School	Remodelling of kitchen.
	Princes Risborough C.P. School	Remodelling of kitchen.
	Turville C.E. School	Remodelling of kitchen.
	West Wycombe C.P. School	Improvements to washing-up facilities.

MEDICAL INSPECTION AND TREATMENT

Number of pupils on registers of maintained and assisted primary and secondary schools (including nursery and special schools) in January, 1961	73,017

TABLE I.

PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (by year of birth).	Number of Pupils Inspected.	Physical Condition of Pupils Inspected			
		Satisfactory.		Unsatisfactory.	
		No.	% of Col. (2).	No.	% of Co'. (2).
1956 and later	332	332	100.00	—	—
1955	3,501	3,458	98.78	43	1.22
1954	3,608	3,568	98.90	40	1.10
1953	410	409	99.76	1	.24
1952	126	124	98.41	2	1.59
1951	70	70	100.00	—	—
1950	3,928	3,881	98.80	47	1.20
1949	2,059	2,045	99.32	14	.68
1948	164	163	99.40	1	.60
1947	75	75	100.00	—	—
1946	83	82	98.80	1	1.20
1945 and earlier	5,160	5,115	99.12	45	.88
Total	19,516	19,322	99.00	194	1.00

TABLE II.

OTHER INSPECTIONS

Number of Special Inspections	1,333
Number of Re-inspections	4,041
Total	5,374

TABLE III.

PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin)

Age Groups inspected (by year of birth).	For defective vision (excluding squint).	For any of the other conditions recorded.	Total individual pupils.
1956 and later	—	14	14
1955	40	274	314
1954	54	375	420
1953	21	81	102
1952	11	39	50
1951	8	20	28
1950	207	233	424
1949	94	115	208
1948	27	24	49
1947	23	34	55
1946	9	9	17
1945 and earlier	264	180	442
Total	758	1,398	2,123

TABLE IV.

INFESTATION WITH VERMIN

(i) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	102,130
(ii) Total number of individual pupils found to be infested	909
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	11
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

DEFECTS FOUND BY MEDICAL INSPECTIONS DURING THE YEAR

TABLE V.

PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease.	Entrants		Leavers		Others		Total	
		T.	O.	T.	O.	T.	O.	T.	O.
4.	Skin	43	26	23	6	17	16	83	48
5.	Eyes—								
	a. Vision	104	112	243	23	411	146	758	281
	b. Squint	66	41	2	—	15	13	83	54
	c. Other	13	10	2	—	4	6	19	16
6.	Ears—								
	a. Hearing	54	75	17	3	63	41	134	119
	b. Otitis Media ...	7	16	2	2	3	4	12	22
	c. Other	32	11	1	2	3	9	36	22
7.	Nose and Throat ...	179	341	14	10	81	85	274	436
8.	Speech	96	122	12	—	49	32	157	154
9.	Lymphatic Glands ...	8	18	2	—	2	—	12	18
10.	Heart	12	64	8	11	10	52	30	127
11.	Lungs	24	101	11	8	24	58	59	167
12.	Developmental—								
	a. Hernia	7	12	1	1	4	3	12	16
	b. Other	4	53	1	5	17	51	22	109
13.	Orthopaedic—								
	a. Posture	26	25	9	1	31	25	66	51
	b. Feet	80	70	10	2	98	27	188	99
	c. Other	47	80	25	6	42	37	114	123
14.	Nervous system—								
	a. Epilepsy	5	15	2	—	2	10	9	25
	b. Other	3	18	4	3	4	9	11	30
15.	Psychological—								
	a. Development ...	28	70	4	3	30	45	62	118
	b. Stability	7	38	2	3	10	46	19	87
16.	Abdomen	—	10	—	—	1	8	1	18
17.	Other	35	53	16	8	25	42	76	103

T. — Treatment

O. — Observation

TABLE VI.

SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease	Requiring Treatment	Requiring Observation
4.	Skin	37	22
5.	Eyes—		
	a. Vision	78	27
	b. Squint	13	21
	c. Other	8	4
6.	Ears—		
	a. Hearing	54	16
	b. Otitis Media ...	8	4
	c. Other	5	3
7.	Nose and Throat ...	146	91
8.	Speech	75	23
9.	Lymphatic Glands ...	3	11
10.	Heart	6	22
11.	Lungs	17	44
12.	Developmental—		
	a. Hernia	—	1
	b. Other	4	24
13.	Orthopaedic—		
	a. Posture	24	10
	b. Feet	28	13
	c. Other	31	25
14.	Nervous system—		
	a. Epilepsy	6	7
	b. Other	5	6
15.	Psychological—		
	a. Development ...	56	18
	b. Stability	18	22
16.	Abdomen	1	1
17.	Other	31	47

TABLE VII.

Treatment of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

(A) EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with.
External and other, excluding errors of refraction and squint	119
Errors of refraction (including squint)	4,373
Total	4,492
Number of pupils for whom spectacles were prescribed	1,661

(B) DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	43
(b) for adenoids and chronic tonsillitis ...	1,952
(c) for other nose and throat conditions ...	122
Received other forms of treatment	345
Total	2,462

Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1960	17
(b) in previous years	66

(C) ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated.
(a) Pupils treated at clinics or out-patients departments	266
(b) Pupils treated at school for postural defects	328
Total	594

(D) DISEASES OF THE SKIN
(excluding uncleanliness)

	Number of cases known to have been treated.
Ringworm—(a) Scalp	—
(b) Body	3
Scabies	—
Impetigo	18
Other skin diseases	118
Total	139

(E) CHILD GUIDANCE TREATMENT

Pupils treated at Child Guidance clinics ...	427

(F) SPEECH THERAPY

Pupils treated by speech therapists	738

(G) OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with.
(a) Pupils with minor ailments	13
(b) Pupils who received convalescent treatment under School Health Service arrangements	11
(c) Pupils who received B.C.G. vaccination	6,132
(d) Other than (a), (b) and (c) above. Holiday Camps for Diabetic and Epileptic Children	2
Total	6,158

TABLE VIII.

Dental Inspection and Treatment.

1. Pupils inspected by the Authority's Dental Officers:—	
(a) At periodic Inspections	37,180
(b) As Specials	1,924
Total	39,104
2. Number found to require treatment	22,166
3. Number offered treatment	15,926
4. Number actually treated	7,611
5. Number of attendances made by pupils for treatment including those recorded at 11(h)	27,563
6. Half days devoted to:—	
(a) Periodic (School) Inspection	367
(b) Treatment	4,108
Total	4,475
7. Fillings:—	
(a) Permanent Teeth	16,489
(b) Temporary Teeth	5,462
Total	21,951
8. Teeth filled:—	
(a) Permanent Teeth	14,806
(b) Temporary Teeth	5,228
Total	20,034
9. Extractions:—	
(a) Permanent Teeth	1,523
(b) Temporary Teeth	5,126
Total	6,649
10. Administration of general anaesthetics for extraction	632
11. Orthodontics:—	
(a) Cases commenced during the year	236
(b) Cases brought forward from previous year	912
(c) Cases completed during the year	190
(d) Cases discontinued during the year	113
(e) Pupils treated by means of appliances	186
(f) Removable appliances fitted	477
(g) Fixed appliances fitted	—
(h) Total attendances	3,519
12. Number of pupils supplied with artificial teeth	45
13. Other operations:—	
(a) Permanent Teeth	6,485
(b) Temporary Teeth	3,013
Total	9,498

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9 (5) OF THE EDUCATION ACT, 1944, OR BOARDING IN BOARDING HOMES.

TABLE IX.

Handicapped pupils during the calendar year ended 31st December, 1960.	Blind	Partially sighted.	Deaf	Partially Deaf.	Delicate	Physically handicapped.	Educationally sub-normal.	Maladjusted.	Epileptic.	Speech defects.	TOTAL
A. Newly placed in Special Schools (other than Hospital Special Schools) or Boarding Homes.	2	3	2	1	20	1	114	5	3	1	152
B. Newly assessed as needing special educational treatment at Special Schools or in Boarding Homes.	2	3	4	—	27	6	181	20	2	—	245

Handicapped pupils on or about 20th January, 1961.	Blind.	Partially sighted.	Deaf.	Partially Deaf.	Delicate.	Physically handicapped.	Educationally sub-normal.	Maladjusted.	Epileptic.	Speech defects.	TOTAL
C. (i) on the registers of											
1. maintained special schools											
(a) as day pupils	—	2	—	—	—	—	293	—	—	—	295
(b) as boarding pupils	—	7	13	5	19	5	110	6	—	—	165
2. non-maintained special schools											
(a) as day pupils	—	—	—	—	—	—	—	—	—	—	—
(b) as boarding pupils	21	8	9	3	19	9	65	12	12	1	159
(ii) on the registers of independent schools under arrangements made by the Authority.	—	1	4	2	8	16	32	52	—	—	115
(iii) boarded in homes and not already included under (i) or (ii).	—	—	—	—	—	—	—	—	—	—	—
TOTAL C ...	21	18	26	10	46	30	500	70	12	1	734

TABLE X.

D. Being educated under arrangements made under Section 56 of the Education Act, 1944.

	Blind.	Partially sighted.	Deaf.	Partially Deaf.	Delicate.	Physically handicapped.	Educationally sub-normal.	Maladjusted.	Epileptic.	Speech defects.	TOTAL
(i) in hospitals	—	—	—	—	—	24	—	—	—	—	24
(ii) in other groups (e.g., units for spastics, convalescent homes).	—	—	—	—	—	5	3	3	—	—	11
(iii) at home	—	—	—	—	5	21	4	1	2	—	33
E. requiring places in special schools											
(i) TOTAL (a) day	—	—	—	—	—	—	147	1	—	—	148
(b) boarding	4	2	1	1	6	4	126	13	—	1	158
No. of pupils included in the totals above—											
(ii) who had not reached the age of 5:—											
(a) awaiting day places	—	—	—	—	—	—	—	—	—	—	—
(b) awaiting boarding places	3	1	—	—	—	1	—	—	—	—	5
(iii) who had reached the age of 5 but whose parents had refused consent to their admission to a special school.											
(a) awaiting day places	—	—	—	—	—	—	24	—	—	—	24
(b) awaiting boarding places	—	1	—	—	2	—	62	1	—	—	66

F. On the registers of hospital special schools 58

G. During the calendar year ended 31st December, 1960, the following children were reported to the local health authority:—

(a)	under Section 57(3) (prior to 1.11.60)	30
	under Section 57(4) (from 1.11.60)	6
(b)	under Section 57(5) prior to 1.11.60	32
(c)	No. of decisions cancelled in respect of children previously reported to be unsuitable for education at school	2

Number of Children receiving Special Educational Treatment in Schools or Hostels during all or part of 1960 (other than in ordinary schools in the County)

Blind and Partially Sighted

Barclay School, Sunninghill	3
Blatchington Court, Seaford	5
Chorleywood College, Chorleywood	2
Dorton House, Sevenoaks	10
East Anglian School, Gorleston-on-Sea	2
John Aird Day School, Hammersmith	2
North House, Wimbledon	1
Royal Normal College, Shrewsbury	1
Royal School of Industry, Bristol	3
Sunshine House Nurseries	4
St. Vincent's, Liverpool	1
Worcester College, Worcester	2

Blind with other Handicaps

Condover Hall, Shrewsbury	2

Partially Sighted or Physically Handicapped with other Handicaps

Exhall Grange, Exhall, Nr. Warwick	8

Deaf and Partially Deaf

Brighton School for the Partially Deaf, Brighton	2
Burwood Park, Walton-on-Thames	1
Donnington Lodge Nursery, Newbury	9
Little Abbey, Adbury Park, Newbury	1
Liverpool School for the Partially Deaf	1
Hamilton Lodge School, Brighton	2
Mary Hare Grammar, Newbury	2
Nutfield Priory, Redhill	3
Oakdene, Beaconsfield	1
Portley House, Caterham	3
Rayners School, Penn	1
Royal School for the Deaf and Dumb, Margate	3
St. John's Residential School, Boston Spa	2
St. Thomas' School, Basingstoke	3
Summerfield House, Malvern	5
Tewin Water School, Welwyn	2

Delicate and Physically Handicapped

Battesborough House, Holbeton, Nr. Plymouth	1
Betteshanger School, Deal, Kent	1
Brentwood School, St. Leonards-on-Sea	3
Burton Hill House, Malmesbury	1
Chailey Heritage Craft, Chailey	15
Collington Manor, Bexhill	1

Corley Residential, Corley, Nr. Coventry	3
Craig-y-Parc, Pentyrch, Cardiff	1
Dedisham Nursery Convalescent School, Slinford	1
Eden Hall, Bacton-on-Sea	3
Elmers Court, Lymington	7
Fairfield House Open Air, Broadstairs	3
Grenfell, Beaconsfield	1
The Hall, Bratton Seymour	1
Halliwick Cripples Home, Winchmore Hill, London, N.21	1
Hatchford Park, Cobham	1
Hesley Hall, Tickhill, Nr. Doncaster	2
Hephaistos, Farley Castle, Farley Hill, Reading	1
Kent College, Canterbury	2
Laleham Open Air School, Margate	5
Lord Mayor Treloar College, Froyle	3
Meath House, Ottershaw	2
Normansal, Seaford	1
Ogilvie School of Recovery, Clacton-on-Sea	1
Park Place Open Air School, Henley-on-Thames	4
Pawling Home-Hospital, Barnet	1
Penbury Grove, Penn	1
Penhurst School, Chipping Norton	1
Pilgrims School, Seaford	1
Pipers Corner, Great Missenden	1
St. Audries' School, Nr. Taunton	1
St. Catherine's Open Air School, Isle of Wight	4
St. Dominics, Hambledon	5
St. John's Open Air School, Woodford Bridge	4
St. Margaret's School for Spastics, Croydon	1
St. Mary's, Bexhill	3
St. Mary's Convent, Lowestoft	1
St. Michael's School, Eastcote, Pinner	3
St. Patrick's Open Air School, Hayling Island	3
Suntrap Open Air School, Hayling Island	6
Thomas Delarue School, Tonbridge	3
Tylney Hall School, Hook, Hampshire	2
Victoria Home, Bournemouth	1
Warlies, Waltham Abbey	2
Wilfred Pickles School, Stamford	4
Wokingham Special Class, Wokingham	3
Other Independent Schools	3

Educationally Sub-Normal

All Souls Special School, Hillingdon	13
Beacon School, Lichfield	2
Besford Court, Worcester	10
Bowden House, East Blatchington	1
Burrow Hill, Frimley	1
Camphill-Rudolph Steiner School, Aberdeen	2
Compton Diagnostic Unit, Nr. Winchester	2
Crowthorne School, Bolton	1
Downs Day School, Hove	1
High Wycombe Day Special School	120
High View, Chigwell	3
Hilton Grange, Old Bramhope, Leeds	19
Knotty Green School, Penn Rd. Beaconsfield	68
Lankshill School, Winchester	1
Orton Hall, Peterborough	1
Park Day Special School, Slough	157
Pecalenick School, Truro	1
Petton Hall School, Burlton, Shrewsbury	1
Pitt House Junior School, Chudleigh Knighton	12
Pitt House Senior School, Torquay	15

St. Francis Residential School, Birmingham	6
St. John's Residential School, Brighton	19
St. Joseph's, Cranleigh	12
St. Margaret's School, Great Gaddesdon	12
St. Richard's, Penmaenmawr	2
Swaylands, Tonbridge	1
Talbot Day School, Southall	1
Townhill Park, Southampton	10
Wavendon House, Wavendon	1
Wendover House School, Wendover	78
Woodeaton Manor, Woodeaton	3
Other Independent Schools	4

Maladjusted

"Arethusa" Training Ship, Upnor	1
Bodicote Lawn Hostel, Banbury	1
Burnt Norton School, Chipping Norton	5
Caldecott Community, Mersham Le Hatch	1
Clwyd Hall, Ruthin	8
Craigerne, Peebles, Scotland	1
Dromenagh, Iver Heath	5
Edward Rudolph Memorial, Dulwich	4
Fernhurst Special School, Pinkneys Green, Maidenhead	1
Field House Hostel, Wokingham	2
Fortesque House, Twickenham	2
Heathwood Hostel, Leighton Buzzard	2
Hengrove, St. Leonards, Nr. Tring	4
Hever Warren Hostel, Nr. Edenbridge	1
Horncastle School, East Grinstead	2
Mounstephen House, Cullompton	2
Muntham House School, Horsham	1
Redhill School, East Sutton	1
Royal Wanstead, Wanstead, London, E.11	3
St. Christopher's School, Little Kingshill	7
St. Francis Home, Shefford	4
St. Martin's House Hostel, Lewisham	4
St. Thomas More's, East Allington	6
Salesian School, Blaisdon Hall, Longthorpe	1
Sandon House, Nr. Chelmsford	2
Shenstone Lodge, Nr. Lichfield	1
Sutcliffe School, Bradford-on-Avon	5
West Ham Home and Hostel, Jordans	2
Other Independent Schools	17

Epileptic

Lingfield Hospital School, Lingfield	7
St. Elizabeth's School and Home, Much Hadham	4

Speech Defects

Moor House School, Oxted	1

Diabetic

Palingswick House, Hammersmith	2

SCHOOL CLINICS

Child Guidance :	**Sessions.**
The Old Chapel, 5 Buckingham Road, Aylesbury	3 sessions per week
51 Priory Road, High Wycombe	3 ,, ,, ,,
The Health Centre, Burlington Road, Slough ...	4 ,, ,, ,,

Dental :

Pebble Lane, Aylesbury	15 sessions per week.
The School Clinic, Bletchley Road, Bletchley ...	10 ,, ,, ,,
The White House, Buckingham	4½ ,, ,, ,,
The School Clinic, Germain Street, Chesham ...	15 ,, ,, ,,
51 Priory Road, High Wycombe	18 ,, ,, ,,
The Health Centre, Victoria Road, Marlow	6 ,, ,, ,,
The Health Centre, Burlington Road, Slough ...	12 ,, ,, ,,
Wexham Court, Knolton Way, Slough	1 ,, ,, ,,
The School Clinic, 122 Church Street, Wolverton	6½ ,, ,, ,,

Minor Ailments :

Municipal Health Centre, High Wycombe	1 (doctor's) per week
The Health Centre, Burlington Road, Slough ...	1 (doctor's) ,, ,,

Ophthalmic :

Pebble Lane, Aylesbury	1 session per week (with additional sessions as required).
The School Clinic, Bletchley Road, Bletchley ...	2 sessions per month.
The School Clinic, Germain Street, Chesham ...	2 sessions per month (with additional sessions as required).
51 Priory Road, High Wycombe	2 sessions per week.
The Health Centre, Burlington Road, Slough ...	3 sessions per week.
Meacham Clinic, Wolverton	1 session per month.

Speech Therapy :

The Old Chapel, 5 Buckingham Road, Aylesbury	3 sessions per week.
The School Clinic, Germain Street, Chesham	2 sessions ,, ,,
The Health Centre, Oxford Road, Denham	1 session ,, ,,
Municipal Health Centre, High Wycombe	4 sessions ,, ,,
The Health Centre, Burlington Road, Slough ...	4 sessions ,, ,,
Wexham Court, Knolton Way, Slough	2 sessions ,, ,,
171 Trelawney Avenue, Langley, Slough	2 sessions ,, ,,
1 Wentworth Avenue, Britwell Estate, Farnham Royal, Slough	1 session ,, ,,

Ear, Nose and Throat :

The School Clinic, Bletchley Road, Bletchley ...	1 session per week.

Printed by G. T. de Fraine & Co. Ltd., Aylesbury